CITY AND COUNTY OF THE CITY OF EXETER

BRITISH MEDICAL ASSOCIATION LIBRARY
17 JUL 1961

EDUCATION COMMITTEE

LONDON SCHOOL ... AND ...
11 AUG 1961

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

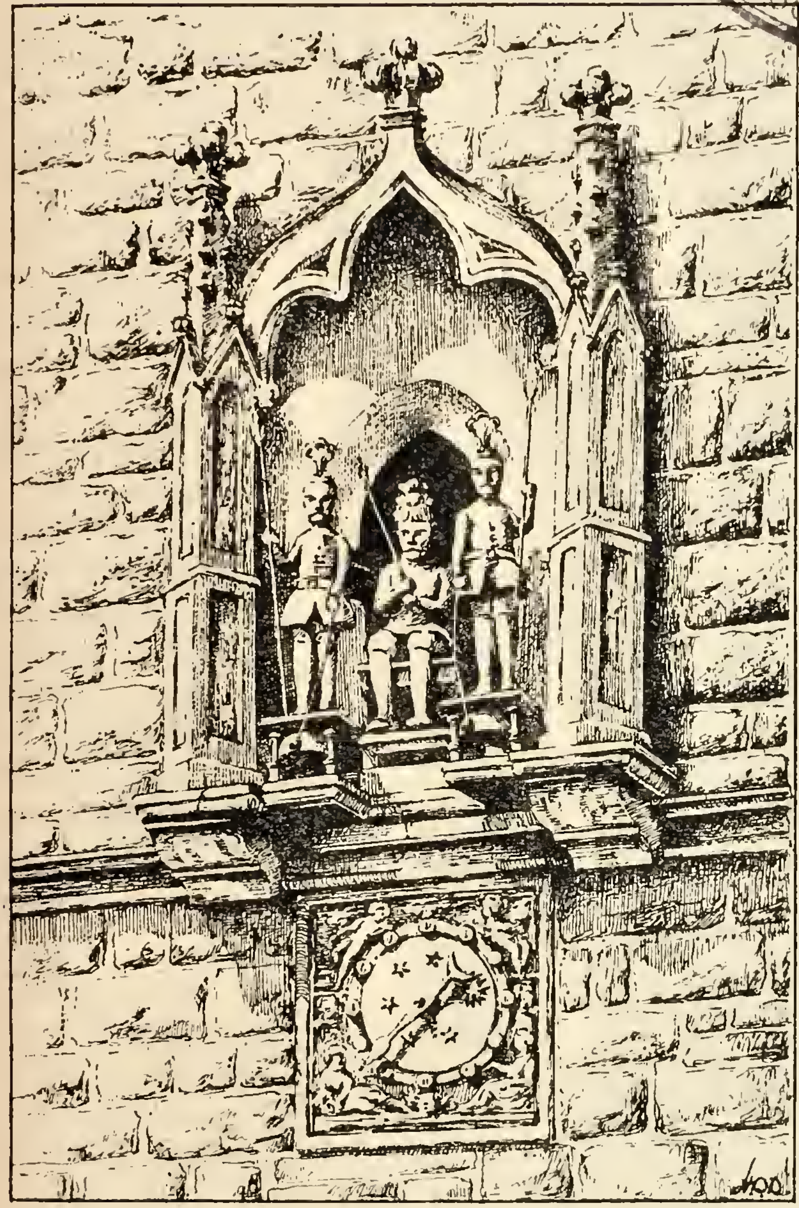
FOR THE

YEAR ENDED 31st DECEMBER, 1960

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
PRINCIPAL
SCHOOL MEDICAL OFFICER

BRITISH MEDICAL ASSOCIATION LIBRARY
17 JUL 1961

CITY AND COUNTY OF THE CITY OF EXETER



(Above Sketch by H. Doble, 1950)

MATTHEW THE MILLER CLOCK

Matthew the Miller Clock, on St. Mary Steps (a Pre-Reformation Church), is over 300 years old. The javelin men strike the quarters and the head of the centre figure (supposed to be of Henry VIII) moves when the hours are struck. Stepcote Hill (of cobbled steps) beside the Church dates from mediaeval times.

PRINTED BY BESLEY & COPP, LTD., COURTENAY ROAD, EXETER.

INDEX

Page
Accidents to school children 48, 49, 50, 51
Adjustment Classes 33
Approved Schools 52
Audiometry 23
B.C.G. Vaccination 43, 44
Child Guidance Centre 36, 37, 38, 62
Colour Vision 25, 26
Cost of Service 57
Cleanliness 28, 29, 60
Deaths 47
Dental Service 27, 28, 63
Education Committee 8
Ear Disease 23, 61
Employment of School Children (Part-time) 58
Employment of Handicapped School Leavers (Forms Y9 & Y10) 53, 54, 55, 56, 57
Enuresis 17, 18, 19, 20
Handicapped Children :
  Blind and Partially Sighted 31
  Deaf and Partially Deaf 31
  Delicate 31
  Educationally Sub-normal 31, 32, 33
  Epileptic 31, 33
  Maladjusted 31
  Physically Handicapped 31, 34
  Tables 31
Hearing Aids 23
Heights and Weights 21, 22
Home Tuition 35
Hospital Reports 46
Hospital Tuition 35
Immunisation (Diphtheria) 46
  ,, (Poliomyelitis) 45
  ,, (Tuberculosis) 43, 44
  ,, (Small Pox) 45
Infectious Diseases 46
Introduction 5, 6, 7
Juvenile Court 51, 52

Index—*continued.* Page

Medical Examinations & Treatment 12, 13, 14, 15, 16, 58, 59, 60
Minor Ailments 29, 30
Nose and Throat Defects 26, 27, 61
Nutrition 12, 59
Orthopaedic and Postural Defects 62
Otorrhoea 23
Parents' Attendances 21
Scabies 46
School Buildings 10, 11
School Hygiene 11
School Leaving Reports 53
School Meals and Milk 47, 48
Skin Diseases 63
Speech Therapy 39, 40, 41, 63
Squint 25
Staff 8, 9
Statistics and General Information 10
Tables (for Ministry of Education) 59, 60, 61, 62, 63, 64
Teachers 35
Tonsils and Adenoids 26, 27
Transport 35
Tuberculosis 41, 42, 43
Vision (Including Eight Year Olds & Thirteen Year Olds) 24, 25
Weights and Heights 21, 22

School Health Department,
1a, Southernhay West,
Exeter.

May, 1961.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

The school population in the city remained, somewhat surprisingly, almost unchanged in number—35 less than in 1959. The health of the school children was well maintained. Although the proportion of those examined in the periodic groups who required (or were having) treatment increased (in 1959) from 1 in 5 to 1 in 4, this was more apparent than real. A large number of 14 year old children were referred as shewing poor visual acuity but, in fact, many proved not to require spectacles when examined under better testing conditions at the hospital.

Infectious diseases were not serious ; no poliomyelitis cases occurred ; dysentery was rather troublesome in the schools in the St. Thomas area after the severe flooding of part of that area in October by the River Exe : but it had shewn itself there before the flooding took place and I do not connect the two. Child rheumatism appeared to be increasing.

Verminous conditions of the scalp shewed an improvement only 117 children being found so affected, compared with 201 in 1959.

Of the 6 deaths in Exeter school children 3 were due to accidents (drowning, and road accidents (2)).

The more selective approach to medical supervision of the children in the junior schools introduced in 1959, and replacing the former systematic " periodic " examination of the 8 year old group was continued, and it has been well justified. A review has shewn that it has been satisfying not only to the doctors but also to the parents and teachers. This system has brought the parents and teachers a more active, and therefore more satisfying and useful, part in the health supervision of the children. This idea is not new but has only recently gained ground. The nutrition of the children has steadily improved during the past 30 years especially as a result of the lessons learned during the great wars and the Government's national food policies instituted in the war 1939-1945, but also because of the general raising of the standard of living particularly among the poorer sections of the community. Since 1948 children have been able to secure medical supervision without charge, from their family doctors, and this has also made a difference : the gross defects and disorders which were common when the School Health Service was first established about half a century ago are now rare ; the school health services can therefore concentrate much more on individual children whose health is not satisfactory, who may be unable to meet completely the demands life is making. Periodic medical inspections of whole age groups are now not nearly so significant as they have been in the not very distant past. The systematic examination of all the 5 year olds should however be maintained, first to discover, with a view to their early correction, remediable defects, some of which may not be evident in terms of functional response to the demands, educational and social, made upon the children—and secondly to provide the basis of a good relationship between the school doctors, teachers and parents, and also the child, for continuing medical supervision and help ; but after that the selective examinations should be employed throughout the rest of school life. As a first step it is proposed to introduce this selective approach in the senior schools and to substitute one periodic examination at 13 for those now conducted at 11 years old and in the school leaving year. I have no doubt that in time even this systematic check at 13 will be abandoned in favour of the more selective approach.

The school dental work continued more or less uninterrupted and every school child was examined ; Mr. Lawson (Principal Dental Officer) reports that 44% of the school children had satisfactory dentition. High speed air turbine drills are now used in 3 clinics.

Nocturnal enuresis (bed wetting) is a troublesome complaint. The department has been using the electric buzzer alarm apparatus for these cases (after consultation with the family doctor) ; preliminary findings have been satisfactory. Dr. Baker reports on this in some detail. Colour vision testing (by the R.A.F. standard on the Giles-Archer Lantern test) has continued and the anomalous results referred to in my last report have been investigated. The importance of effective black-out in the test room has been demonstrated as the main factor in causing the discrepancies mentioned last year.

Defective hearing is increasingly recognised as a serious defect since it hampers communication, and much attention is devoted to it. Dr. Baker now attends the special Hearing Assessment Clinic in the City Hospital ; he attended the Manchester University short course in deafness assessment etc. in 1960. The question of providing in ordinary schools one or more special classes, for the partially deaf will have to be considered. The technician in charge of the Royal Devon & Exeter Hospital hearing aid department has periodically visited the schools to help children to use their hearing aids correctly : Dr. Fisch of London kindly allowed us to circulate guidance he has formulated for parents and teachers of partially deaf children.

The educationally subnormal are another important group of children. Adjustment classes are continuing in 9 junior schools and 1 senior school : they do excellent work. You have decided additionally, to include a special all age day school for the more severely educationally subnormal catering for 160 children, including 60 from the Devon County area, in the 1962/3 building programme : and this has been approved by the Ministry of Education. This will in no way obviate the continuing need for the adjustment classes.

Co-operation between the Youth Employment Service and the School Health Service in relation to the employment of handicapped school leavers continues. This is essential if the best results are to be obtained for this group.

It will be apparent from this short introduction that the work of the School Health Service changes ; social conditions alter, and the health of children changes ; it is not necessarily and inevitably for the better, though that has certainly been by and large our experience during the present century. We must beware of becoming fixed in our approach. We must concentrate our effort most where the need is greatest and, subject to that, where the effect in the long term will be most useful. The parents have the first and fullest responsibility towards their children, and the School Health Service must help them as much as opportunity allows. In this effort we must increasingly be partners with the teachers, with the family doctors, the hospitals and many other agencies. Our purpose is to help the children to grow up in their own families and in their own schools and with their own friends, lively and alert, straight and strong but considerate, courageous but not foolhardy, independent but not aggressive, that is, in short, healthy, happy and friendly.

It is a pleasure once again to record my appreciation of the very good work of my staff, and to mention in particular, Mr. W. H. Stamp, administrative assistant ; and to thank the Director of Education and the Teachers for their co-operation. Finally, I wish to thank you Mr. Chairman, Ladies and Gentlemen, and especially the Chairman and members of the Special Services Sub-Committee for your interest, courtesy and support throughout the year.

I am,

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE

(as constituted on 31st December, 1960)

Chairman—
Alderman W. G. Daw

Deputy Chairman—
Councillor W. J. Hallett, T.D., LL.B.

Committee—
The R.W. The Mayor—
(Alderman P. F. Brooks, B.E.M.)

Alderman Major A. S. Powley
Alderman W. T. Slader, J.P.
Alderman J. G. Warne
Councillor P. E. Aylward
Councillor A. J. Comins
Councillor D. T. Dare
Councillor J. G. Gater
Councillor F. H. Guscott
Councillor W. Hunt
Councillor Mrs. M. Nichols, B.Sc.
Councillor N. S. Ruddick
Councillor E. Russell
Councillor H. S. Sargent
Councillor P. A. Spoerer
Councillor E. C. L. Tozer
Councillor Mrs. F. M. Vining
Councillor A. S. Webber
Councillor Mrs. E. J. Whitworth
Councillor Mrs. R. M. Wickings

Co-opted Members—

Mrs. B. M. Carpenter
Miss M. N. Church, B.Sc.
Mrs. B. Clarke
Rev. Preb. R. L. Collins, M.A.
J. W. Cook, D.SC., F.R.S.
J. J. L. Gore, B.Sc.
Miss S. Y. Mathias, M.A.
S. L. Medlar, M.A.
Miss G. M. Steffens

J. L. Howard, M.SC., A.R.I.C., *Director of Education*

E. D. Irvine, M.D., M.R.C.S., D.P.H., *Principal School Medical Officer*

STAFF OF THE SCHOOL HEALTH DEPARTMENT

Principal Sch. Med. Officer & Medical Officer of Health	Edward D. Irvine, M.D. (LIV.), M.R.C.S., L.R.C.P., D.P.H.
Dep. Principal Sch. Medical Officer & Dep. Med. Officer of Health.	George P. McLauchlan, M.B., CH.B., (EDIN.), D.C.H., D.P.H.
School Medical Officers	Iris V. I. Ward, M.D. (LOND.), M.R.C.S., L.R.C.P., D.C.H. Charles H. J. Baker, M.R.C.S., L.R.C.P., D.P.H (LOND.).

Principal Dental Officer	James C. Lawson, L.D.S., R.C.S. (Eng.).
Dental Officers	Martin Radford, B.A. (Oxon.), L.D.S., R.C.S. (Eng.). Robert B. Mycock, L.D.S. (Bris.). Miss R. J. Morrison-Gill, L.D.S. (Liv.).
Child Guidance Centre	Hardy S. Gaussen, M.R.C.S. (Lond.), L.R.C.P., Psychiatrist (part-time). Mrs. E. D. F. Garvie, M.A. (Edin.), B.Ed. (Edin.), Educational Psychologist (part-time). Mrs. M. C. Jenkin, B.A. (Lond.), (Psychiatric Social Worker). Mrs. E. Lewis, M.A. (Oxon.), M.Ed. (Birm.), (Psychotherapist—part-time).
Speech Therapist	Miss M. Pink, L.C.S.T.
Superintendent Sch. Nurse (Also Supt. Health Visitor)	Miss C. M. Wilkinson, S.R.N., S.C.M., H.V. Cert.
School Nurses .... (Also Health Visitors)	Miss L. M. Barrett, S.R.N., S.C.M., (Pt.1), H.V. Cert. Miss G. M. Bastow, S.R.N., S.C.M., (Pt.1), H.V. Cert. Miss B. A. Brazil, S.R.N., S.C.M., H.V. Cert. Miss Y. Caselli, S.R.N., R.F.N., S.C.M., H.V. Cert. Mrs. K. Dunham, S.R.N., S.C.M., (Pt.1), H.V. Cert. Miss A. E. Edds, S.R.N., S.C.M., H.V. Cert. Miss P. P. Horne, S.R.N., S.C.M., (Pt.1), H.V. Cert. Miss H. M. Shewan, S.R.N., S.C.M., (Pt.1), H.V. Cert. Mrs. E. Stannard, S.R.N., S.C.M., H.V. Cert., Public Health Inspector's Cert. Miss L. E. Wathen, S.R.N., S.C.M., H.V. Cert.
Temporary School Nurses (Part-time)	Mrs. K. A. Atkins, S.R.N. Mrs. D. M. Wakely, S.R.N.
Temporary Clinic Nurses .... (Part-time)	Mrs. T. S. Tiller, S.R.N. Mrs. M. A. MacNamara, S.R.N. Mrs. J. M. Mitchell, S.R.N. (Resigned 22.7.60).
Dental Attendants	Miss D. G. Freeman Miss E. M. Pinkham Miss J. M. Bacon Miss P. M. Bolt
Clerks	Mr. W. H. Stamp (Administrative Assistant). Miss M. E. Noel (Transferred to Health Dept. 31.7.60). Miss J. M. Plumer (Transferred from Health Dept., 1.8.60). Miss M. A. Cox Miss P. M. Eves-Down. Miss C. Eaton, (From 4.1.60). Miss M. A. Fenwick, (Dental). Mrs. P. I. Goss (Child Guidance Centre).

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1960)	77,400
Population (city) between 5 and 15 years (Mid-Year 1960) approx.	12,200
Population of Maintained Schools as at January, 1961	11,167
Number of Maintained Schools	36

Pupils			Schools	
Boys	Girls	Total	Department	Number
23	20	43	Nursery	1
1,233	1,196	2,429	Infants	16
2,004	1,931	3,935	Junior	17
1,664	1,576	3,240	Secondary Modern	8
927	581	1,508	Secondary Grammar	2
5	7	12	Hospital Special School (Honeylands)	1
5,856	5,311	11,167	Totals	45

Those schools having both infants and juniors have been counted as having two departments.

The total number of children attending our schools (January 1961) shews a small decrease of 35 (mostly due to fewer five year old school entrants) compared with the previous year. It is worth noting that it is 15 years (1945) since a decrease was last recorded; during this period the number of school children has increased from 6,529 (1945) to 11,202 (1959). The birth rate in Exeter is distinctly lower than the national rate and does not shew any very marked increase from year to year

No new schools were opened during 1960.

SCHOOL PREMISES

The following abstract (by courtesy of the City Architect, Mr. H. B. Rowe, F.R.I.B.A.) shews details of work carried out by his department which directly affects the environmental and hygiene conditions in the schools. It does not, of course, list all the work undertaken by the City Architect for the Education Committee.

(a) School Meals Service

At The Vincent Thompson School a ventilating skirt and an extract fan were fitted in the kitchen, to improve the ventilation.

Internal decoration was carried out in school kitchens, dining rooms, etc. in 8 schools.

(b) Alterations

The Beacon Heath Infants' School was adapted to accommodate junior mixed pupils in addition to infants.

Improvements were carried out to the lavatory accommodation at John Stocker Junior Boys' School and Countess Weir Junior Mixed School.

Additional heating was installed in the lower ground floor classroom at Ladysmith Junior School.

A small staff room and toilet was added at Exwick Junior Mixed and Infants' School (also to be used for medical inspection purposes).

(c) **Internal Decorations** of a major character were carried out in 16 schools.

SCHOOL HYGIENE

At regular intervals the medical officers go round the schools with the head teachers in order to observe the general hygiene, which covers cleanliness, sanitary accommodation, washing facilities, ventilation, lighting and heating, canteen arrangements, etc., all of which are significant to the health of the children. Major defects noted are referred to the Director of Education.

Sanitary Conveniences. Improvements were suggested at Bradley Rowe Infants' School and Ladysmith Infants' School.

Washing Facilities. Outside wash-basins at Exwick J.M. & I. have no provision for hot-water or enclosed accommodation. Paper towels are now in use in all but 7 schools and are proving very satisfactory. Attention was drawn to the unsatisfactory washing arrangements at Ladysmith J.M. School.

Lighting. Problems affecting the suitability of the natural lighting at The Priory, Exwick and Ladysmith J.M. Schools were referred.

Heating. Insufficient heating in a basement classroom in Ladysmith J.M. School was noted.

Fumes. Fumes from the boiler house affecting the assembly at Whipton Barton J.M. School were noted.

Medical Inspection Facilities. Arrangements are still unsatisfactory in some schools, examinations being made in small rooms with waiting parents and overflows of parents in uncomfortable passages.

Medical Examinations

As in 1959, periodic examinations were carried out at school entry and also in the first year and again in the last year at the secondary school. The informal examinations of the children in the junior schools, replacing the former periodic examination at 8 years old were continued and are described on pages 13-16.

In a total school population of 11,167 the periodic medical inspections numbered 3,346 and other medical examinations 3,490. Parents were present at 2,319 (69%) of the complete examinations (see table on page 21). Parents are not normally invited to be present at the re-examinations but are occasionally invited to the special examinations : these attendances are not, however, recorded for statistical purpose. 883 children (approximately 1 in 4 of those examined at the periodic inspections) were found to require treatment for some defect other than dental disease or verminous conditions. This figure shews a large increase compared with last year, mainly due to the increased number of defects found in the 14th year-and-over group, defective vision being the largest contributory factor.

General Condition of the Children

The general condition of the children continues to be satisfactory, 99.9% having been so classified by the medical officers, the same percentage as during the past two years.

In only 2 children—1 infant boy and 1 senior girl—out of 3,346 having complete medical examinations during 1960 was the general condition reported to be unsatisfactory : no major physical defect was discovered. Maternal care was satisfactory in both cases but the housing conditions of the girl were unsatisfactory. The girl did not take school milk and neither took school dinners.

The following table sets out the position as at 31.12.60 of all the children regarded as having unsatisfactory general condition since this classification was first introduced by the Ministry in 1956 :—

Year Found Unsatisfactory	No. of Cases	Since taken off observation		Still under Observation
		Satisfactory	Left School	
1956	24	14	9	1
1957	11	6	4	1
1958	4	1	—	3
1959	3	2	—	1
1960	2	—	1	1
Total 1956-1960	44	23	14	7

EXAMINATIONS OF 8 YEAR-OLDS

It is possible to review results of the more informal medical examination of the junior children (i.e. 7 to 10 years old) initiated at the beginning of the Summer Term of 1959, and replacing the former periodic examination of the eight-year olds. As previously mentioned, to carry out this programme, it is necessary for medical officers to visit the schools concerned every term.

Experience of Working

1. Review of Method of Selection of Cases

(a) With the small exception of deciding whether the parents should attend when minor conditions in their children are being investigated, selection of children by reference to the medical record cards by the school doctors presents no real difficulties. Where it is clear undressing will be necessary, the parents are asked to attend. In all other cases, they are invited to attend if they so wish. The schools take an active part in making the detailed arrangements.

(b) A letter is sent to the parents when children enter the junior schools, telling them of the visit by the doctor to the school every term during which children will be examined if the parents request it.

(c) At the start, some teachers referred children for conditions no longer significant. This very understandable difficulty, due undoubtedly to enthusiasm, has been largely eliminated, and we can say that the references by teachers are proving most useful.

(d) Observation by medical officers of children in school surroundings has also disclosed a number of cases needing attention and contributed to a beneficial liaison with form teachers in regard to medical care.

(e) Attitude of Parents : In no case has a parent expressed disappointment with the change in procedure even when minor defects are investigated—quite the reverse.

(f) Attitude of Teachers : In general, teachers have expressed much satisfaction with the change, feeling that the children are having closer and prompter attention. They approve of the greater support of sick children in their care and the more active co-operation they are able to give.

2. Results of the System

(i) In 1959 (2 terms), 181 children were medically examined in school by special request ; of these, 119 were seen at the request of medical officers, 57 at the request of teachers, and 5 only at parents' requests.

In 1960 (3 terms), 367 children were medically examined, 134 from medical officers' references, 184 reported by teachers and 49 on request from parents.

The increased interest shown by parents is evident in the greater number referred (49). Scattered through the whole junior age range, only 9 of them were 8 year-olds. Parents requested 10 complete examinations during the year.

Three times as many children were referred by teachers as were so referred in 1959 (184 compared with 57) : as many as 135 of them were outside the 8 years age group.

(ii) In 1958, the last full year when the periodic medical examinations of 8 year olds were made, 91 children out of 864 examined in the junior schools (who included a few either side of the 8 year-age group) were found to require treatment, i.e. 10.5%.

In 1960, the first full year of this selective method, a total of 123 children were found to require treatment out of 367 examined, i.e. 33%.

Thus, under the new system, one-third more defects were found by examining half as many children. In both years the figures excluded squint, dental disease and infestation with vermin.

(iii) Of the defects, it is significant to note that 20 cases of defective hearing were referred for treatment in 1960 and 2 only in 1958.

Also there were 9 cases of defective speech in 1960 as opposed to none in 1958.

3. The Advantages of the System

(i) We consider this method provides a more effective cover for all the children in the junior school who are likely to benefit from school medical examination than a concentration of effort on one age group covering one year.

(ii) Whereas large numbers of examinations based solely on an age factor may prove somewhat rather tedious, these examinations based on some indication of need have proved stimulating and of course, very rewarding.

The periodic medical examination of children aged 5 years on school entry is still certainly necessary, as the rational basis for medical care for the remainder of their school careers is then established.

(iii) The selective method brings about a closer link between the school doctors and the teachers, who are in such close contact with children at school. Full examinations based on automatic selection by age, rather impersonal procedure, calls for little co-operative effort from the teachers. The selective method however, requires and depends upon considerable co-operation from teachers in observing and referring children who may need medical help. It makes greater demands on them, in asking their sympathy and insight. The visit of the doctor each term, and the treatment indicated in consequence, are tangible results of their endeavours, and the joint discussion of the children helps both the doctor, the teacher, the parent and above all the child.

(iv) Parents are appreciative of the closer follow-up of the children's defects practicable under this system. The periodic medical examination allows a confidential exchange of information when doctor, mother and child are together, but such consultative time is limited as large numbers of children must be seen in a specified number of sessions. Under the new arrangements, fuller discussion is possible with greater concentration on any particular defect.

4. Disadvantages of the System

(i) These mainly apply to the possibility of missing defects, though the above figures do not suggest this. A system which requires the examination of every child healthy or otherwise should ensure that no substantial medical defect in those examined is missed : but the selection method covers a bigger group more realistically, and improving methods of selection and greater experience by teachers and staff and parents will steadily improve its usefulness and minimize the risk of overlooking children in need of medical care.

(ii) Administrative arrangements are more involved, though these difficulties are being reduced as a result of experience.

The usefulness of periodic medical inspections in prophylactic medicine has long been established, but the improved standard of living and general health throughout the country in recent years has shown the need for an alternative yet complementary method of selective inspection in certain school age groups.

TABLES SHOWING THE FINDINGS OF CHILDREN EXAMINED IN THE JUNIOR SCHOOLS UNDER THE NEW PROCEDURE

A. COMPLETE EXAMINATIONS (1 at request of medical officer, 8 at request of head teachers, 10 at request of parent).

Number Examined	Reference for Treatment of				Kept Under Observation for				No Action
	Nervous System	Enuresis	Vision	Psychological	Nose or Throat	Vision	Enuresis	Glands	
19	1	1	2	1	3	2	1	1	7

5

7

	Summary			
	No. Examined	No. Req. Treatment	No. for Observation	No Action
Complete Examinations	19	5	7	7
Special Examinations	348	118	107	123
Total	367	123	114	130

B. SPECIAL EXAMINATIONS.

348 children were medically examined in school by special request : of these, 123 required no action. Of the 348 children, 133 were seen at the request of the medical officers, 176 at the request of the head teachers and 39 at the request of the parents ; the tables below set out the findings :-

Refferred for Treatment														
Skin	Vision	Ears	Nose or Throat	Speech	Heart and Circulation	Lungs	Developmental	Orthopaedic Conditions	Epilepsy	Nervous System	Psychological	General Condition	Enuresis	Abdomen
3	30	24	13	9	1	3	1	6	4	3	6	1	10	1

118

Kept Under Observation														
Skin	Vision	Ears	Nose or Throat	Lymphatic Glands	Speech	Heart	Lungs	Developmental	Orthopaedic Conditions	Nervous System	Psychological	Enuresis	General Condition	Abdomen
2	9	15	24	3	3	2	6	1	9	8	3	6	14	2

107

NOCTURNAL ENURESIS

(Report by Dr. C. H J. Baker)

During the year, 55 children (27 girls—28 boys) with nocturnal enuresis were observed among 3,346 examined at periodic medical examinations, (in 1959, 72 such cases were observed among 3,895 examined at the periodic medical inspections). In addition, 15 children (4 girls—11 boys) as re-examinations and 7 children (all boys) as special examinations were seen for bed-wetting, making a total of 77 children. None of the children were wet during the day.

	Under 5 yrs.	*5 yrs.*	*6-10 yrs.*	*11 yrs. and over*	*Total*
Total No. of Children examined during 1960	53	827	182	2,284	3,346
Age and sex of 55 enuretic children :					
Girls	—	22	4	1	27
Boys	—	18	6	4	28
Total	—	40	10	5	55

Frequency of Bedwetting:	*Every night*	*Two-Three Times a Week*	*Once a Week*	*Occasional*	*Total*
Girls	18	5	1	3	27
Boys	18	3	1	6	28

SIZE OF FAMILY

The Enuretic Child was the only child in 7 families (4 girls—3 boys).
was one of two children in 18 families (7 girls—11 boys).
was one of three children in 16 families (8 girls—8 boys).
was one of four children in 8 families (4 girls—4 boys).
was one of five and more children in 6 families (4 girls—2 boys).

PLACE IN FAMILY

The Enuretic Child was the 1st of two children in 8 families (2 girls—6 boys) and the 2nd in 10 families (5 girls—5 boys).
was the 1st of three children in 3 families (1 girl—2 boys) and the 2nd in 9 families (4 girls—5 boys) and 3rd in 4 families (3 girls—1 boy).
was the 1st of four children in 3 families (1 girl—2 boys), the 2nd in 3 families (2 girls—1 boy) and the 3rd in 2 families (1 girl—1 boy).
was the 2nd of five or more children in 2 families (1 girl—1 boy), the 4th in 2 families (girls), and the 6th in 1 family (girl).

FAMILY HISTORY

In 22 children (15 girls—7 boys) there was a history of bed-wetting in other members of the family.

Intelligence

This was not measured but none was regarded as educationally subnormal.

Maladjustment

6 children (2 girls—4 boys) were regarded as maladjusted.

Speech Defect

1 child (boy) attended for speech therapy.

Other Defects

1 (girl) had cystitis ; 1 (boy) had asthmatic bronchitis ; 1 (boy) had a colostomy ; 1 (girl) was obese.

Specific Possible Causes

17 cases (7 girls—10 boys) were described as highly strung and/or nervous ; in 1 case (boy) enuresis began when mother went to hospital for 6 weeks, in 2 (1 girl—1 boy), bedwetting started after the birth of another child and in 1 (boy) bedwetting only occurred on school days. 2 children (boys) were adopted and in 1 case (boy) the parents were separated.

During the past year, 41 of these 77 children were treated by means of the electric alarm blanket. The apparatus ensures the child wakes as soon as (s)he begins to wet the bed, and because (s)he is under an obligation to do something about the insistent ringing bell, (s)he gets up to pass urine ; this encourages self-confidence, reduces stress and at the same time, possibly increases the child's control of the bladder action.

Use of the Apparatus

The apparatus was issued on loan. The working of the apparatus was explained to parents personally by the doctor ; written instructions in its use were also supplied. They were requested to keep a nightly record (on the card issued) and to bring the card in at the end of one month and also the apparatus, if the child had been dry for the previous 10 to 14 nights. With 2 exceptions, the apparatus was retained for a further month or more, though the majority were returned by the end of the third month. The psychological element in this irksome condition has been well shewn in some of our cases ; of course, urinary abnormalities should be excluded as possible causative factors. Of the 2 who were dry in one month, one was a small girl of 7 years—though we rarely provide the apparatus for a child under 8—who had been wet previously every night all her life, but became dry after using the electric alarm blanket on two nights only and has since remained dry for over a year ; the other, a boy of 14 years who was still wetting two to three nights each week, never had to use the alarm at all and has been dry for the past seven to eight months and another girl was dry from the day on which the doctor explained the use of the apparatus.

After the apparatus has been returned, the school nurse makes two follow-up visits to the home at (approximately) one month and six months' later to assess the durability of the results.

Two types of apparatus have been used, and neither have been found to be free from trouble. The earlier " bell and wire and rubber sheeting " model supplied to the majority of cases during the year caused a mild skin reaction of the buttocks in three cases due to chemical action through oxidation of the brass-wiring by the urine ; this has been overcome in one case by using another thin thickness of draw-sheet over the rubber sheeting and in one case, by wearing a thin pair of pyjama trousers. In using the later more durable " buzzer and aluminium foil sheeting " model, complete failure was experienced in one case who was so restive in bed that she caused quick disintegration of the foil sheeting and with it non-function of the electric circuit ; it has also been found, that if the apparatus is jolted, the buzzer clapper may become jammed against the buzzer, so closing the circuit without the usual warning buzz ; the battery becomes run down in two to three days. Apart from these difficulties, both types of apparatus have worked well and their use has achieved results.

The Selection of Cases

Attention was given to the following considerations :—

1. Ordinarily children under the age of eight years were excluded because of the possible exacerbation of emotional and temperamental disturbances which a number were already experiencing. 2 children of less than 8 years were in fact successfully treated.
2. A full urine examination is necessary.
3. Consultation and agreement with the family doctor concerned.
4. Consultation and agreement with the psychiatrist in cases of more severe emotional upset or maladjustment. 5 cases were referred by the Child Guidance Centre as suitable.
5. The home conditions and the probability of intelligent co-operation from parents are assessed. Three out of the six cases of failure were due to poor family co-operation.

ELECTRIC ALARM TREATMENT SUMMARY

1. No. of children put on list for the apparatus—**66** (13 during 1959 and 53 during 1960). Of these, 7 were placed on the list at the request of their family doctors, 5 at the request of Child Guidance staff, and the remaining 54 at the request of the school medical officers.

2. No. of children issued with the apparatus during 1960—**41**. Of these, 28 children completed their treatment during 1960 and 13 children still using the apparatus.

3. **Frequency of Bedwetting by 28 children who completed Treatment Prior to Using Apparatus**

	Every night	*Two or Three Times a week*	*Occasional*	*Periodic*	*Total*
Girls	7	1	1	—	9
Boys	11	1	5	2	19
Total ...	18	2	6	2	28

All the children had a history of several years of bed-wetting.

4. Immediate Results (after using apparatus) :

Completely Dry	23
Not Dry	5

5. Believed Causes of unsatisfactory Result

1 was due to irregular use of the apparatus (girl aged 11) ; 1 mother was unable to cope (boy 14 yrs.) ; 2 children were afraid to use it (boy 8 yrs. and girl 13 yrs.) ; and 1 was still enuretic after about six months (boy 13 yrs. whose skin reacted unfavourably whilst using the apparatus).

6. Age Distribution of Children Treated

Dry	6-10 *yrs.*	11-14 *yrs.*	*Total*
Girls	3	4	7
Boys	4	12	16
Total	7	16	23

Not Dry	6-10 *yrs.*	11-14 *yrs.*	*Total*
Girls	—	2	2
Boys	1	2	3
Total	1	4	5

Length of time apparatus used by these 23 *children regarded as cured* (*average*):

	6-10 *yrs.*	11-14 *yrs.*
Girls (7)	5 weeks	7 weeks
Boys (16)	11 ,,	10 ,,

7. Time involved

The average time the apparatus was used was 6 weeks in the girls (extreme 15 weeks) and 10 weeks in the boys (extreme 32 weeks).

8. Later Findings

9 of the children were still dry 6 months after treatment ; 1 girl relapsed after 5 months and was being retreated at the end of the year. Of the remaining 13 who were only visited 1 month after treatment, of these, 4 shewed some degree of relapse (occasional wet nights) and the rest were at that time quite free from the symptoms. Visits 6 months after treatment on these 13 children will be made during 1961.

The parents and children have been delighted with the results and the results so far achieved justify cautious optimism.

PARENTS' ATTENDANCES AT COMPLETE EXAMINATIONS

AGE GROUP	No. of children examined	No. of parents present	Percentage
5 year olds	880	840	94%
11 and 12 year olds	876	747	85%
14 year olds	184	76	41%
15 year olds and over	929	354	38%
Other Age Groups	477	302	63%
TOTAL (1960)	3,346	2,319	69%
TOTAL (1959)	3,898	2,753	71%
TOTAL (1958)	4,096	2,899	71%

HEIGHTS AND WEIGHTS.

BOYS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER BOYS						
Age	Height in inches	Age	No. Examined in 1960	Average Height in Inches				
				1960	1959	1958	1957	1956
		4 (4-5) yrs.	25	41.6	—	42.5		
5 (4½-5½) yrs.	41.4	5 (5-6) ,,	409	43.2	43.1	42.8	43.6	43.4
6 (5½-6½) ,,	43.0	6 (6-7) ,,	48	43.2	44.5	44.2		
7 (6½-7½) ,,	45.4	7 (7-8) ,,	24	47.9	48.6	46.5		
8 (7½-8½) ,,	47.8	8 (8-9) ,,	12	50.7	51.1	50.1	50.5	50.7
9 (8½-9½) ,,	49.2	9 (9-10) ,,	3	50.8	50.8	51.3		
10 (9½-10½) ,,	51.3	10 (10-11) ,,	9	52.8	54.2	52.5		
11 (10½-11½) ,,	52.7	11 (11-12) ,,	270	56.0	56.7	56.5	56.9	56.7
		12 (12-13) ,,	276	57.8	57.4	57.7	57.6	57.5
13 (12½-13½) ,,	56.2	13 (13-14) ,,	71	59.4	58.7	59.3		
14 (13½-14½) ,,	58.0	14 (14-15) ,,	108	63.6	63.4	63.3	63.7	63.5
		15 (15-16) ,,	244	64.6	63.9	64.2	67.5	66.6
		16 (16-17) ,,	150	67.5	66.6	66.7		
		17 (17-18) ,,	16	68.6	68.6	68.0	69.3	69.0
		18 (18-19) ,,	46	69.4	69.4	69.5		
		19 (19-20) ,,	7	69.1	70.4	68.2		

BOYS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER BOYS						
Age	Weight in pounds	Age	No. Examined in 1960	Average Weight in Pounds				
				1960	1959	1958	1957	1956
		4 (4-5) yrs.	27	38.5	34.5	36.1		
5 (4½-5½) yrs.	38.7	5 (5-6) ,,	409	42.8	42.7	42.0	43.1	43.1
6 (5½-6½) ,,	41.3	6 (6-7) ,,	18	42.8	45.2	44.1		
7 (6½-7½) ,,	45.4	7 (7-8) ,,	24	53.1	54.5	50.0		
8 (7½-8½) ,,	51.0	8 (8-9) ,,	12	59.3	62.3	58.1	60.3	60.3
9 (8½-9½) ,,	54.8	9 (9-10) ,,	3	61.5	61.7	62.2		
10 (9½-10½) ,,	59.6	10 (10-11) ,,	9	67.8	71.3	66.8		
11 (10½-11½) ,,	64.6	11 (11-12) ,,	263	80.4	81.5	81.0	82.8	83 2
		12 (12-13) ,,	275	86.9	84.5	85.8	88.4	85.2
13 (12½-13½) ,,	76.5	13 (13-14) ,,	71	92.0	89.1	93.0		
14 (13½-14½) ,,	86.1	14 (14-15) ,,	105	111.8	111.4	112.0	113.9	113.6
		15 (15-16) ,,	243	119.3	116.3	115.3	130.4	129.9
		16 (16-17) ,,	149	133.3	132.5	129.6		
		17 (17-18) ,,	16	134.0	143.8	144.1	148.6	144.7
		18 (18-19) ,,	16	146.7	143.5	150.6		
		19 (19-20) ,,	6	145.4	152.9	156.4		

GIRLS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER GIRLS						
Age	Height in inches	Age	No. Examined in 1960	Average Height in Inches				
				1960	1959	1958	1957	1956
		4 (4-5) yrs.	20	42.1		42.8		
5 (4½-5½) yrs.	41.1	5 (5-6) ,,	415	42.5	42.6	42.7	43.0	43.1
6 (5½-6½) ,,	42.8	6 (6-7) ,,	41	44.0	43.7	43.7		
7 (6½-7½) ,,	45.1	7 (7-8) ,,	44	46.6	47.9	45.0		
8 (7½-8½) ,,	47.5	8 (8-9) ,,	41	51.0	49.9	49.8	50.0	50.0
9 (8½-9½) ,,	48.9	9 (9-10) ,,	8	52.3	51.9	50.5		
10 (9½-10½) ,,	51.2	10 (10-11) ,,	7	55.1	52.5	52.6		
11 (10½-11½) ,,	52.8	11 (11-12) ,,	110	56.1	57.1	57.3	57.2	57.5
		12 (12-13) ,,	314	57.9	58.3	58.4	58.6	58.5
13 (12½-13½) ,,	56.9	13 (13-14) ,,	123	59.4	59.8	59.6		
14 (13½-14½) ,,	58.9	14 (14-15) ,,	75	62.6	63.2	62.7	62.6	62.4
		15 (15-16) ,,	326	62.9	62.9	62.6	68.0	63.1
		16 (16-17) ,,	88	63.6	63.4	63.7		
		17 (17-18) ,,	22	64.4	63.3	64.1	63.2	64.1
		18 (18-19) ,,	25	64.3	62.9	64.9		
		19 (19-20) ,,	2	65.8		65.6		

GIRLS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER GIRLS						
Age	Weight in pounds	Age	No. Examined in 1960	Average Weight in Pounds				
				1960	1959	1958	1957	1956
		4 (4-5) yrs.	26	38.2	33.7	36.1		
5 (4½-5½) yrs.	37.5	5 (5-6) ,,	415	41.3	41.1	41.0	41.7	41.7
6 (5½-6½) ,,	40.1	6 (6-7) ,,	41	44.1	43.5	42.8		
7 (6½-7½) ,,	44.4	7 (7-8) ,,	44	48.9	51.0	47.0		
8 (7½-8½) ,,	49.4	8 (8-9) ,,	11	59.5	55.7	58.3	59.4	58.2
9 (8½-9½) ,,	52.6	9 (9-10) ,,	8	72.9	65.1	59.7		
10 (9½-10½) ,,	59.8	10 (10-11) ,,	7	75.3	66.6	63.5		
11 (10½-11½) ,,	63.9	11 (11-12) ,,	110	81.1	88.3	83.5	84.5	86.0
		12 (12-13) ,,	313	86.4	89.1	88.1	88.6	91.0
13 (12½-13½) ,,	79.0	13 (13-14) ,,	121	96.7	91.5	96.5		
14 (13½-14½) ,,	88.2	14 (14-15) ,,	75	115.3	117.0	111.3	114.1	113.5
		15 (15-16) ,,	319	115.6	115.0	112.7	111.5	123.1
		16 (16-17) ,,	88	123.8	122.1	127.0		
		17 (17-18) ,,	22	126.3	115.6	120.3	119.0	133.3
		18 (18-19) ,,	25	133.6	128.8	133.9		
		19 (19-20) ,,	2	121.3		131.0		

HEARING—
AUDIOMETRIC TESTING

During the year, 60 children (34 boys and 26 girls) were given audiometric tests as a result of either the teacher's request or medical examination (periodic inspections, etc.). All were examined by a school doctor to ascertain if possible any cause for deafness ; some children shewed quite a severe hearing loss. The table set out below shews the medical officer's recommendations :

	Boys	*Girls*	*Total*
Referred to Ear, Nose and Throat Specialists ..	14	6	20
For observation	5	6	11
Not deaf enough to require action	13	14	27
Referred to family doctor	2	—	2
TOTAL ...	34	26	60

Recommendations of the Ear, Nose and Throat Specialists :—

10 (6 boys and 4 girls) recommended removal of tonsils and adenoids (5 cases) or of adenoids (5 cases), 4 for observation, 2 treatment not considered necessary, 4 not yet seen ; 2 removed to other areas.

HEARING AIDS

During 1960, 2 Exeter school children (both girls aged 6 and 11 years) were provided with hearing aids by the National Health Service. 9 other children (5 girls and 4 boys) had been provided with hearing aids in previous years. Of these 11 children, 10 attend ordinary schools in the city and are managing all right, 1 girl (aged 4 years) was admitted as a day pupil to the nursery class at the Royal School for the Deaf in January, 1961, and 1 girl (aged 6 years) now attends the Health Committee's Junior Training Centre for Mentally Defective Children. Some of these children had attended the Audiology Unit, Grays Inn Road, London.

We have no special classes or units attached to ordinary schools ; no special teachers of the deaf or partially deaf are employed by the authority ; children requiring education in a special school for the deaf attend the Royal School for the Deaf, Exeter, mostly as day pupils, a few as boarders. (See page 31).

Otorrhoea : " running ear " was found in 26 children (13 boys and 13 girls) out of 3,346 examined at periodic medical examinations (i.e. 1 in 129 of those examined) compared with 29 so found in 1959 (1 in 100) ; 14 cases were already having treatment and 7 were referred for treatment, the remaining 5 cases being kept under observation. 4 other children (3 boys and 1 girl) attended the minor ailment clinics because of otorrhoea, 2 for the first time and 2 as recurrent cases.

38 children (25 from periodic and 13 from special examinations) were referred for treatment of nose and throat defects, whilst a further 214 children were kept under observation.

VISION

The School Eye Service is provided by the West of England Eye Infirmary, and during the year, 910 children were referred by the school medical officers. 247 (120 boys and 127 girls) of them were referred for the first time and spectacles were prescribed for 100 of these (54 boys and 46 girls). The ordinary visual standard for reference is 6/12 in either eye unaided. There is no delay in securing spectacles for school children but very considerable effort is needed to secure a satisfactory response by the children and parents.

Since April 1960 a record has been kept of all the children examined at school (including specials and re-exams) who were known to attend private opticians, because it was considered that the numbers had been steadily increasing over the years, and were no longer trivial.

285 children (137 boys and 148 girls) were reported as attending opticians outside the School Eye Service for their refraction. Of these 11 attended infant schools ; 42 attended junior schools ; 79 attended secondary modern schools and 153 attended grammar schools. The number attending private opticians increases as children ' grow up,' and over half of them are from the grammar schools. I feel that the wider range of frames available from the private optician and the availability of appointments outside school hours are the principal reasons for this trend. We know that a few, only a few, school children do attend the Eye Hospital for refraction but have the prescription made up by a dispensing optician, for fitting in any frames of their own choice.

VISION EXAMINATION OF EIGHT YEAR OLD CHILDREN

840 eight year old children (420 boys and 420 girls) at 15 schools were examined by the nurses during the year ; of these 18 children (5 boys and 13 girls) apart from children already wearing spectacles were found to have vision of 6/12 in either eye or worse, and referred for further examination by the school medical officers.

	Boys	*Girls*	*Total*
For observation by school medical officers	2	2	4
Referred to Eye Infirmary by school medical officers	3	11	14
TOTAL	5	13	18

Spectacles prescribed	3	7	10
Spectacles not prescribed	—	2	2
Failed to Attend	—	2	2
TOTAL	3	11	14

VISION EXAMINATION OF THIRTEEN YEAR OLD CHILDREN

Of the 999 children (510 boys and 489 girls) in their fourteenth year examined during the year, 132 (73 boys and 59 girls) already had spectacles. 16 (10 boys and 6 girls) who had not previously been reported as having defective vision, were found to have vision 6/12 in either eye or worse for distant vision.

	Boys	*Girls*	*Total*
Result of examination by School Medical Officer			
For observation at school	2	5	7
Referred to Eye Infirmary	8	1	9
Total	10	6	16
Spectacles prescribed	4	—	4
Spectacles not prescribed	2	1	3
Attended private optician	1	—	1
Failed to attend	1	—	1
Total	8	1	9

SQUINT

During 1960 only 4 new confirmed cases of squint (1 boy and 3 girls) were found in children attending our schools and were referred to the West of England Eye Infirmary. In addition 24 children (12 boys and 12 girls) were seen at medical inspections during the year because of squint ; 23 of these, (11 boys and 12 girls) were already under specialist supervision and 1 boy—aged 12 years, attends a private optician.

COLOUR VISION

During 1960, the nurses tested 720 children (all boys), mainly 12 year olds, by Ishihara plates ; 36 were considered to have defective colour vision. Medical officers using the Giles Archer Lantern test, tested 31 children ; 2 failed to attend, 2 left school before the tests could be carried out and 1 attended an eye specialist. 2 of the 5 boys remaining from 1959 were tested in 1960 (1 found to be safe and 1 unsafe) ; 2 boys failed to keep three appointments and 1 has left the city.

The tables below set out the results of the tests :—

COLOUR VISION

Ishihara Test Results (in 1960)	Boys	
No. examined	720	
No. found to have defective colour vision	36	(5%)
Inconsistent	11	
Complete Green	3	
Incomplete Green	2	
Red-Green	4	
Green Defective	9	
Triple C.D.	1	
Partially Green	1	
Total	31	

COLOUR VISION — RESULTS OF TESTS USING GILES-ARCHER LANTERN

(This table has been amended for the years 1958 and 1959 to include corrections as described below) :

	Tested by Ishihara Plates		Found Defective		Giles-Archer Lantern Test R.A.F. Standard				Not Tested				Total
					Safe		Unsafe		Left School		Failed To Attend		
Year	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	
1955	806	455	54	2	22	—	32	2	—	—	—	—	56
1956	926	885	53	1	24	—	29	—	—	1	—	—	54
1957	714	433	38	2	22	1	15	1	—	—	1	—	40
1958	570	471	35	3	28	3	4	—	3	—	—	—	38
1959	783	—	40	—	24	—	13	—	1	—	2	—	40
1960	720	—	36	—	16	—	15	—	2	—	3	—	36
Total 1955-60	4,519	2,244	256	8	136	1	108	3	6	1	6	—	264

The proportion of the boys tested who proved to have " unsafe " colour vision by the Royal Air Force standard during the period 1955-1960 was 2.4%.

I noted in last year's report the disparity between the number of children found unsafe on the Giles-Archer Lantern during the years 1958-59 and those in the previous 3 years. This has now been investigated and 2 factors seem to have contributed to this. First a variation in standard of assessment between medical officers, and secondly a variation in degree of darkness of the test room—a change from ordinary dark blinds to venetian blinds had prevented the room being darkened sufficiently to make the test reliable.

Both these have been corrected now, a definite standard has been accepted and special black out blinds have now been fitted. Of the 69 boys tested in 1958 and 1959 twelve had left school in 1960, the remaining 57 were invited along for re-testing and 46 attended ; as a result 12 boys previously assessed as ' safe ' were changed to ' unsafe ' and 1 who was assessed as ' unsafe ' was changed to ' safe.' In the other 33 boys no change was found to be necessary.

OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILITIS

120 children (52 boys and 68 girls) in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1960, i.e. 1.1% of the school population—no marked variation from recent annual figures.

TONSIL AND/OR ADENOID OPERATIONS, 1960

Age at Operation	*Boys*	*Girls*	1960 *Total*	1959 *Total*
5 years and under	2	3	5	14
6 ,, ...	13	14	27	31
7 ,, ...	16	16	32	34
8 ,, ...	9	11	20	16
9 ,, ...	4	6	10	15
10 ,, ...	6	7	13	8
11 ,, ...	—	2	2	8
12 ,, ...	1	5	6	9
13 ,, ...	1	4	5	2
14 ,, ...	—	—	—	3
15 ,, ...	—	—	—	—
TOTAL	52	68	120	140

YEAR ENDING 31st DECEMBER, 1960
REPORT OF THE PRINCIPAL DENTAL OFFICER

(J. C. Lawson, L.D.S., R.C.S. (Eng.))

For the first time in many years the dental department has been fortunate in having no changes in its staff, a fact which has resulted in twelve months of uninterrupted progress.

The equipping of three surgeries with the new high speed air turbine drills has been a great step forward in the general efficiency of conservative treatment. Many patients have remarked upon the freedom from discomfort caused by these machines in comparison with the older slow speed electric drills. The dental officers report that they find conservative treatment less fatiguing, with the resultant happier relationship between dentist and patient.

Dr. Butler our Consultant Anaesthetist has introduced the use of fluothane, a new anaesthetic agent which, although rather more expensive than nitrous oxide and oxygen, has proved itself highly successful and produces, when necessary, a longer and more peaceful anaesthesia.

The head teachers and their staffs must be commended for their valuable co-operation during the past year, which has done much to encourage the children in maintaining healthy teeth.

To my own staff I extend my thanks for the hard work they have put in, enabling me to make a satisfactory report on the year's work.

Dental Inspections.

The number of children inspected in school was 10,312, an increase of 455. All the children in the local authority schools were inspected. A further 645 presented themselves as " specials." (Additionally 2 schools were inspected a second time during the year. 619 children being inspected on this occasion, 336 required treatment and 325 were offered it. Also 31 children in the Junior Training Centre, Hollow Lane were examined ; 20 were found to require treatment. These figures are not included in the table).

As shown in the following table, approximately 44% of all the children examined in school, were found to have a satisfactory dentition.

Age Distribution of Children Inspected and Referred.

Age in years.	Udr. 5	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected in schools ..	29	565	870	778	883	872	903	1058	1108	1069	1068	638	276	126	69	10,312
No. referred for treatment ...	17	347	545	470	562	498	474	506	611	577	609	347	144	63	27	5,797

Treatment

The number of teeth filled again showed an increase this year by 361, from 5,605 in 1959 to 5,966 in 1960.

Among the " other operations " listed in Table V, 244 children had their teeth scaled, 380 x-rays were taken and several cases benefited from minor oral surgery.

Orthodontia

Selected patients continue to receive this treatment and the figures show a substantial increase. 66 new cases were commenced during the year. At the beginning of the year, 214 cases were being treated, and 43 were completed or discontinued during the year, leaving 237 still under treatment at the end of 1960.

We hope to benefit from the advice now available from Mr. Maurice Burley who has been appointed Consultant Orthodontist to Plymouth Hospital and who attends at the Royal Devon and Exeter Hospital one day each week. Although he only took up his appointment in November last, he has already advised on the course of treatment for several of our more complicated cases.

Dental Clinics	*Attendances*		
	1958	1959	1960
Central Clinic, 1a Southernhay West	5,384	4,800	3,648
Whipton Health Clinic	2,133	2,012	2,393
St. Thomas Clinic	1,682	2,307	2,325
TOTALS	9,199	9,119	8,366

CLEANLINESS

It may be recalled that during the previous two years head cleanliness showed a slight deterioration. However, this year, the position has substantially improved, only 117 (24 boys and 93 girls) being found to have nits or vermin. This gives an overall rate of 1% (1.7% among the girls and 0.4% among the boys) compared with an overall rate of 1.8% in 1959 and 1.6% in 1958.

Of the 117 children, 30 (9 boys and 21 girls) were found infested more than once (after allowing a reasonable interval for cleansing) during the year (compared with 37 in 1959), and 41 (12 boys and 29 girls) unclean in 1959 were also found infested during 1960—(only half as many as the corresponding figure for 1958/9). Furthermore, the *degree* of uncleanliness is steadily lessening. Cleanliness examinations totalled 15,891.

Special Observations

In 1960, a further reduction in the number of routine head inspections was effected : this was based on the previous record of cleanliness in each school. Thus in 16 schools these examinations were carried out every term ; in 1 twice in the year, and in 11 once in the year.

No routine examinations are carried out at the 4 boys' secondary modern schools nor at the boys' or girls' grammar schools. Visits to these schools are made as may be found necessary, and also special " follow-up " visits of boys now in secondary modern or grammar schools who were known to have been infested when in the junior schools.

TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS FOUND IN 1960 BY AGE GROUPS.

AGE (at 31.12.60)	HEADS FOUND UNCLEAN					
	TABLE A.				TABLE B. No. of Children in Table A. also found Unclean in 1959	
	ONCE ONLY		MORE THAN ONCE			
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*
Under 5 years	—	3	—	—	—	—
5	2	13	2	—	2	—
6	6	10	1	2	1	1
7	1	9	—	3	1	4
8	1	5	—	—	1	1
9	2	7	1	3	1	4
10	1	7	3	3	3	6
11	2	5	2	5	3	5
12	—	2	—	3	—	3
13	—	4	—	2	—	4
14 and over	—	2	—	—	—	1
TOTAL	15	72	9	21	12	29

TOTAL .... 117 (1960) = 1% of all school children.

SCHOOL CLINICS

The location of the school clinics and the attendances were as follows :

	Minor Ailments—Attendances		
	1958	1959	1960
Central Clinic, Ia Southernhay West	1,141	791	688
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	2,863	2,429	2,513
Northern Clinic, Whipton Infants School (Closed November, 1960)	1,374	1,399	488
Stoke Hill Clinic (Closed July, 1960)	1,597	925	225
TOTALS	6,975	5,544	3,914

The Central School Clinic is open every week-day (excluding public holidays) all the year round : the Eastern Clinic is open on school days only. The total attendance once again markedly declined, being 1,630 less than in 1959 : curiously enough, this was very similar to the decline noted in 1959. As a result, the Northern and Stoke Hill Minor Ailments Clinics were closed during the year. We now have only one clinic in the city (the Eastern Clinic) primarily for the treatment of minor ailments, although for convenience, examinations re fitness for part-time employment in respect of girls attending a nearby school are also carried out there. The Central clinic is a minor ailment and consultation clinic ; additionally examinations for superannuation, for fitness for part-time employment, and for teacher's training college admission are also carried out there.

TABLE SHOWING THE INCIDENCE OF " MINOR AILMENTS " TREATED DURING 1960 IN CLINICS.

DEFECT	Central	Eastern	Northern	Stoke Hill	GRAND TOTAL 1960	GRAND TOTAL 1959
Ringworm : Scalp	—	—	—	—	—	—
Body	1	—	—	—	1	—
Eye Defects	36	44	7	9	96	131
Ear Defects—(including wax, otorrhea, etc.)	31	35	5	1	75	126
Nose and Throat Defects	2	16	3	1	22	46
Impetigo	8	11	3	—	22	21
Warts : Plantar	28	32	28	1	89	38
Other	8	26	26	14	74	117
Other skin conditions	70	62	20	15	167	165
Minor Injuries	54	137	35	17	243	369
Miscellaneous	56	250	100	18	424	700
Total No. of individual children	294	613	227	79	1,213	1,713
Total No. of attendances	688	2,513	488	225	3,914	5,544
Total No. of sessions	304	206	85	72	667	831

When a child has been treated at the one time for more than one defect the more important has been listed.

TABLE SHEWING THE NUMBER OF HANDICAPPED PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT 20th JANUARY 1961.

Disability	Total No. of children classified as handicapped as at 20-1-61	Special School or Home	Resd.		Non Resd.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
Blind	2	Royal School of Industry for the Blind, Bristol	2	—	—	—	2	—
Partially Sighted	8	West of England School for the Partially Sighted, Exeter	—	—	3	5	8	—
Deaf	2	Royal West of England School for the Deaf, Exeter	—	—	2	—	2	—
Partially Deaf	21	Royal West of England School for the Deaf, Exeter	1	1	7	4	13	—
Physically Handicapped	38	Heathercombe Brake School, Manaton	1	—	—	—	8	1
		Dame Hannah Rogers Sch. for Spastics, Ivybridge	4	1	—	—		
		Heathlands Rise, Teignmouth	—	1	—	—		
		St. Roses, Stroud	—	1	—	—		
Epileptic	32		—	—	—	—	—	—
Educationally Subnormal	156	St. Christopher's School, Bristol	2	—	—	—	24	50*
		Bradfield Special School, Devon	—	—	1	—		
		St. Thomas More's School, Devon	1	—	—	—		
		Withycombe Hse. Special Sch., Exmouth, Devon	—	11	—	—		
		Heathercombe Brake School, Manaton	1	—	—	—		
		Pitt House, Chudleigh	3	—	—	—		
		Pitt House, Torquay	4	—	—	—		
		Spring Hill School, Ripon	—	1	—	—		
Delicate	63	Heathercombe Brake Sch., Manaton, Devon	1	—	—	—	3	—
		Pilgrim's School, Sussex	1	—	—	—		
		Heathlands Rise, Teignmouth	—	1	—	—		
Maladjusted	81	Parkstone Sea Training School, Dorset	1	—	—	—	9	—
		Frensham Heights, Surrey	1	—	—	—		
		The Gables Hostel, Willand, Devon	3	2	—	—		
		Crichel Hostel, Totnes	1	—	—	—		
		Muntham House School, Kent	1	—	—	—		
Defective Speech	97		—	—	—	—	—	—
TOTAL	500		28	19	13	9	69	51

*47 of these children recommended admission to a Day Special School.

HANDICAPPED PUPILS

Breakdown by Intelligence Quotients of the 156 Children classified as Educationally Sub-normal

	Boys						Girls				
	Under 5	51-60	61-70	71-80	Over 81	Total	51-60	61-70	71-80	Over 81	Total
Attend Residential Special Schools	1	3*	5	3	—	12	5	5	2	—	12
Recommended Day Special Schools but Attend Ordinary Schools	—	3	8	10	—	21	2	15	9	—	26
Attend Ordinary School	—	2	7	24	9	42	—	7	33	3	43

*One boy attends as a day pupil.

Educationally Sub-normal Pupils

During the year 57 children (24 boys and 33 girls) were examined by the school medical officers in regard to educational subnormality and mental development. Many of them had already been examined by the educational psychologist. The following recommendations were made :

Recommendation	Boys			Girls			Total	Remarks
	Infs.	Jnr.	Snr.	Infs.	Jnr.	Snr.		
Section 34 : Special education in an ordinary school.	—	1	1	—	—	—	2	1 (boy) attends adjustment class.
Education in a special day school.	—	—	—	1	3	4	8	Remained in own school. (1 (girl) attends adjustment class).
Education in a special residential school.	—	3	1	1	3	—	8	5 (2 boys and 3 girls) placed in special schools; 2 (boys) awaiting vacancies ; 1 (girl) parents refused consent.
Section 57 (3) : Permanently excluded from school.	—	—	—	1	—	—	1	Admitted to the Junior Training Centre.
Section 57 (4) : Education in ordinary school inexpedient.	—	—	—	—	—	—	—	
Section 57 (5) : Reported to Health Services Committee for Care and Guidance on Leaving School.	—	—	2	—	—	9	11	
Not considered to require Care and Guidance on leaving school.	—	—	16	—	—	11	27	
	—	4	20	3	6	24	57	
		24			33			

In addition, the report made in 1957 of one boy under Section 57 (3) of the Education Act 1944, was cancelled ; he has been accepted for admission to a Rudolf Steiner Special School and is now awaiting a vacancy.

Every summer term the medical officers and head teachers discuss the present educational attainments of all the children classified in previous years as Educationally Sub-normal ; as a result of these discussions 13 children (11 boys and 2 girls) so classified were re-examined and their names removed from the list of Educationally Sub-normal children.

Adjustment Classes

There have been no major changes during the year ; we still have 10 such classes. All new admissions and discharges are discussed between the head teachers, educational psychologist, adjustment class teacher and the medical officer for the school before definite decisions are made.

E.S.N. Special School

The Ministry of Education have now approved for inclusion in the Education Authority's 1962/63 building programme, an all age day school for 160 educationally subnormal children ; it is understood that the Devon Education Committee will take up 60 of these places.

EPILEPTICS

We have 32 children classified as suffering from epilepsy, compared with 31 in 1959. 30 (16 boys and 14 girls) attend ordinary schools in the city ; 2 children who are known epileptics attend residential special schools on account of other defects—1 (boy) aged 12 years—spastic hemiplegia, and 1 (girl) aged 11 years—educationally subnormal. 6 new cases (4 boys and 2 girls) were reported during the year. Minimum restrictions are placed on the activities of all these children : high gymnastic work and swimming in school parties are, however, barred ; these represent the only deviations from the normal school regime.

Sex	Total	AGE				EPILEPSY			Have had Hospital Investigation	Satisfactory Medication
		5-7	7-11	11-15	Ov'r 15	Min'r	Maj'r	Both minor and major		
Boys	17	—	8	8	1	5	12	—	17	17
Girls	15	1	6	8	—	8	7	—	15	15

	Intelligence Quotient				
	50-60	61-70	71-85	86 and over	Apparently not retarded
Boys	—	—	2	2	13
Girls	1	—	—	1	13

PHYSICALLY HANDICAPPED CHILDREN.

There are 38 physically handicapped children known to the department : (there were 42 in 1959). There were 3 new cases during the year—1 (girl) with cerebral palsy, 1 (girl) suffering from micrognathia, and 1 (boy) with a congenital heart lesion. The age grouping, sex distribution, mode of education, ability to play games and take part in ordinary physical exercises of these handicapped children are set out in the table :—

HANDICAP	SEX		AGE GROUP				EDUCATION					Able to take P.T. and Games		
	Boys	Girls	Under School Age	Infs.	Jnrs.	Snrs.	Not at School	In Res. Special School	In St. Loyes Tr. Coll.	In Ordinary School	Home Tuition	Mod.	Nil.	Full
1. Cerebral Palsy	8	5	1	1	5	6	1	8	1	3	—	4	9	—
2. Heart : Congenital	2	3	—	1	2	2	—	—	—	4	1	2	3	—
Rheumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. T.B. Joints	—	1	—	—	—	1	—	—	—	1	—	1	—	—
4. Poliomyelitis Sequelae	1	4	—	—	3	2	—	—	—	5	—	1	4	—
5. Other Congenital Defects	3	6	—	2	4	3	—	1	1	6	1	4	4	1
6. Miscellaneous	1	4	—	1	1	3	—	—	—	5	—	3	2	—
TOTAL	15	23	1	5	15	17	1	9	2	24	2	15	22	1

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION — MINISTRY OF EDUCATION CIRCULAR 249

In accordance with instructions contained in the above Circular, 63 students (33 men and 30 women) and 7 teachers (5 men and 2 women) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession.

TUITION IN HOSPITALS

The Local Education Authority have continued to provide educational facilities in the two main general hospitals in the city. During the year, 101 children received education whilst in-patients at these hospitals ; (including 32 Exeter children, 66 Devon County children and 3 children from other areas). Two Exeter school children were receiving education in hospital on or about 20th January, 1961.

Additionally there are Hospital Special Schools in the Princess Elizabeth Orthopaedic Hospital and Angela Home staffed by The Devonian Orthopaedic Association (11 Exeter children attending) and also Honeylands Children's Sanatorium staffed by this authority (11 Exeter children).

HOME TUITION

During the year, 8 new cases and 5 cases continuing from last year received home tuition arranged by the authority under Section 56 of the Education Act, 1944.

New Cases : (8)

Rheumatic conditions (4 boys and 2 girls).
Acute Nephritis (1 girl).
Repeated Lung Collapse (1 boy).

5 of these children were able to resume normal schooling after a period of home tuition.

Old Cases (5) :

Congenital Hydrocephalus—(1 boy—home tuition continued throughout the year— also has part-time schooling).

Spina Bifida—(1 girl—home tuition continued throughout the year).

Rheumatic conditions—(2 boys and 1 girl) 1 boy —resumed at ordinary school April, 1960 and 1 boy—left the district ; home tuition for the girl is still continuing.

The total cost of this service for the financial year ended 31.3.60 was £912.

TRANSPORT

Transport for ambulant handicapped children attending schools in the city continued during 1960. It was provided for 5 new cases (4 boys and 1 girl) during the year for short periods only. In addition, 11 children (8 boys and 3 girls) from 1959 continued to have special transport during 1960 ; and 6 of them still had it at the year end (spastics (1), poliomyelitis sequelae (4) and congenital defects (1).)

CHILD GUIDANCE REPORT FOR 1960

(Report by Dr. H. S. Gaussen, Psychiatrist-in-charge).

The year under review was Mental Health Year and it saw the coming into force of the Mental Health Act. There is a new attitude in the community towards the health, and the diseases, of the mind. In this new attitude, the Child Guidance Clinic must take its place, and, indeed, much of the new attitude springs from work with children and research into the beginnings of mental life.

Working with children and their parents, as we do, we find ourselves to be witnesses of the early maladjustments and aberrations which will be mental illnesses or criminal patterns, later, unless they can be treated. We are much concerned with prevention therefore, and with the laws which govern mental health—just as others have worked on the laws of physical illness. This is not to say that all mental illness is avoidable, nor that it is always the effect of environment. Just as in the physical realm, much is inherited and much remains to be discovered about the varying roles of nature and nurture.

The outstanding fact everywhere apparent in work with disturbed and maladjusted children is the child's dependence on the parents for both physical and emotional needs. Nowadays, few children in this country are short of food, but many are starved of affection and security. Parental quarrelling, divorce, inadequacy, or wrong doing, injure the children exposed to their effects, so that an incredible wastage of human happiness and energy takes place ; and patterns of behaviour are found in the child which will lead eventually to a recurrence in the next generation. For how can a woman herself deprived of a mother give mothering to her children—or a father brought up himself in an Institution, give his son both love and authority ? During the year, the team has had to deal with several such children, deprived by their parents' deprivation and lacking those good emotional ties which are so essential to their development into stable adults.

Observation of children who are rootless and deprived of the necessities of emotional life will show how handicapped such children are, and what a heavy load they are for society to carry. It is from such children that the Approved School population is recruited and it is they who will form a large proportion of the Mental Hospital inmates in the future. The plain fact is that without a modicum of love from parents, a child cannot grow up mentally healthy, but will spend its days looking for what it lacks, and using its energy in repressing feeling, rather than in forming good relationships with other people. Furthermore, such a child will need treatment, perhaps institutional care, and may be a burden on society in prison or out of work. Of course, deprived children may be fortunate and find loving foster parents or adopters, in which case development may approach the normal, but far too few families are able, willing, and fitted for such a task. It is to be hoped that this most necessary and rewarding form of child care will increase, and the conditions which will ensure its maximum success will become widely known.

What suggestions has Child Guidance for the future of Mental Health? First, education of parents and foster parents, in their children's needs and natures, in their individual differences and their common goals; the community must value its children above all else, seeing them as entrusted to their parents but not belonging to them. Next in importance are observations, research and discussions and these will be necessary over a long period of time. We need to know the natural history of mental illness and the effects of events in childhood when years have passed. Surely, it is the happy child who makes the wise old man or serene old woman? Then there is the need for treatment, before it is too late, before the patterns of negativity are set and rigid, before parent and child are estranged for ever. And lastly, surely, for mental health, our society itself must be healthy and its values set above the material and transitory.

CHILD GUIDANCE CENTRE—
STATISTICAL RETURN FOR 1960

TABLE A

1.	Number of cases on the books on 31st December, 1959		89
2.	Number of cases awaiting investigation on 31st December, 1959		10
3.	Number of cases investigated but awaiting treatment on 31st December, 1959		10
4.	Number of new cases referred during 1960		75
	Source of Reference :		
	(a) Juvenile Court and Probation Officers	3	
	(b) School Medical Officers	15	
	(c) Doctors	9	
	(d) Head Teachers	20	
	(e) Parents	13	
	(f) Others	15	
5.	Number of old cases re-opened during 1960		6
	3 Cases were re-opened at the request of the parents		
	2 ,, ,, ,, ,, ,, ,, ,, ,, Sch. Med. Officers		
	1 Case was re-opened at the request of the Headmistress		
6.	Number of new cases investigated during 1960		63
7.	Number of other cases investigated during 1960		8
	Summary of recommendations :		
	Diagnosis and advice only needed	6	
	Periodic survey and superficial treatment	6	
	Residential placement advised	2	
	Immediate long term treatment by Psychiatrist	23	
	Immediate long term treatment by Psychologist	14	
	Immediate long term treatment by Psychotherapist	8	
	Immediate long term treatment by Psychiatric Social Worker	—	
	Placed on treatment waiting list	12	

8.	Number of cases treated for the first time during 1960			55
9.	Total number of children seen during 1960			169
10.	Total number of attendances during 1960			957
11.	Total number of cases discharged during the year			83
	Reason for Discharge :			
	(a) Treatment completed (see below)		59	
	Much Improved	44		
	Satisfactory	—		
	Improved	10		
	No change	5		
	Worse	—		
	(b) Unsuitable for treatment	—	24	
	(c) Defaulted	3		
	(d) Left city	5		
	(e) Other reasons	16		
12.	Number of cases remaining on the books on 31/12/60			81
13.	Number of new cases awaiting investigation on 31/12/60			5
14.	Number of new cases investigated but awaiting treatment on 31/12/60			12

N.B.—9 cases included in 11 above were closed whilst awaiting or before investigation was completed.
6 cases included in 11 above closed after investigation while awaiting treatment.

TABLE B

Total number of sessions :

Psychiatrist	(4 per week)
Psychologist	(4 per week)
Psycho-therapist	(2 per week)
Psychiatric Social Worker	(full time)

INTERVIEWS :

PSYCHIATRIC.

(i)	Diagnostic	72
(ii)	Parents and others	307
(iii)	Remedial treatment	359
(iv)	Home Visits	—
(v)	Other Visits	6

PSYCHOLOGIST.

(i)	Diagnostic and testing		66
(ii)	Parents and others		156
(iii)	Remedial treatment		217
(iv)	Visits		59
	(a) To school visits (re C.G. cases only)	53	
	(b) Home Visits	—	
	(c) Other Visits	6	

It is customary for the Psychologist when visiting any school for educational purposes, to enquire briefly after all Child Guidance cases in the school.

PSYCHO-THERAPIST.

(i)	Parents and others	42
(ii)	Remedial treatment	221

Psychiatric Social Worker.

(i)	Therapeutic interviews at Centre		704
(ii)	Remedial treatment		50
(iii)	Visits		142
	(a) First Visits to homes	58	
	(b) Subsequent Visits to homes	84	
(iv)	Other Visits		7
(v)	Interviews with other Social Workers		51

Children under Treatment on 31/12/60.

Regular treatment by Psychiatrist	15
Regular treatment by Psychologist	11
Regular treatment by Psycho-therapist	12
Regular treatment by Psychiatric Social Worker	2
Treatment waiting list	—
Superficial treatment by Psychiatrist	16
Superficial treatment by Psychologist	3
Superficial treatment by Psycho-therapist	1
Survey whilst residentially placed	4
Kept open, but no active treatment at present	—

SPEECH THERAPY REPORT

(Report by Miss M. G. Pink, L.C.S.T.)

All the speech therapy is now given in well-equipped centres. This was finally achieved by the transference of the clinic from Bradley Rowe Junior Girls' School to Shakespeare Road Health Clinic. The five centres (including the Child Guidance Centre) are basically self-sufficient, each providing a large separate room, a locking cupboard stocked with books, toys and apparatus and waiting room accommodation for parents. This is more satisfactory for both patients and therapist than having 9 various centres in the city with 6 out of the 10 sessions being held in schools and halls as was the case a few years ago.

The recent transference from Bradley Rowe School to the Shakespeare Road Welfare Clinic has raised more openly the question of parental co-operation, which is always necessary, but especially for younger children if they are to receive effective treatment. For the initial positive act of bringing the child to the clinic leads the way to accepting parental responsibility for helping the child's speech development. Weekly discussion, however casual, encourages the mother's interest and she learns ways of helping her child. All the children attending regularly have progressed really well. The totally negative response of a few mothers has caused some poor attendances and in one case a withholding of treatment. When the speech therapy was given in the schools most of the children got treatment but some had no parental support ; this last group is probably now worse off.

Early Diagnosis

In some instances, mothers of young children have visited the clinic for advice at the suggestion of teachers, health visitors or school doctors. Even when reference for treatment proved unnecessary, the discussion was valuable, alleviating parental anxiety. Too many mothers feel they should wait until the speech handicap is severe and self-evidently needing treatment. The mother should be the person to help her child's speech and it is never too early for her to begin, and certainly help may be necessary for children before they enter school.

Record of Stammerers

The permanent record of stammerers recently discharged continues. The follow up of those discharged during 1950—55 has not been very successful. Evening home visits have proved necessary. This is a slow procedure, especially without a car. Results are of course interesting but not really scientifically satisfying owing to lack of necessary information recorded at the time of discharge.

" Poor Speakers "

Speech therapy is concerned with helping individuals to reach or recover a standard of speech that is average and acceptable in the speakers environment. It is not directly concerned with teaching good speech or embellishing normal speech.

Baby words like " chimley " and " ephelant," substitutions of ' f ' for ' th ' and omissions of ' h's' are left behind as maturity increases or as they are corrected by parents and teachers. However, it was found the standard of speech in one area of the city was generally low. Apart from the severe and mild defects observed there were a large number of " poor speakers." These did not need therapeutic techniques, but rather stimulation and motivation to learn correct speech ; unfortunately many of them did not receive the necessary encouragement at home. The speech therapist visited the school serving this area for six weeks. This gave an opportunity for general speech work with groups of children, and for discussion with the teachers ; help for the " poor speakers " is now continued by the teaching staff.

The speech therapist has been very grateful for all the interest and help received from the parents, school staffs, health visitors, child guidance team (to whom 3 speech handicapped children were referred) and school medical officers.

Analysis of the cases treated during the year and their progress:

DEFECT	Having treatment 1.1.60	Admitted	Waiting List at 1.1.60	Total No. Treated	DISCHARGED		STILL ON LIST				Remaining under care 31-12-60	Waiting List at 31.12.60
					Cured	Left before treatment completed	Under observation	Regular Attendance	Improved	No change		
Stammering	23	12	—	35	8	2	17	8	22	3	25	2
Simple Dyslalia	11	11	2	22	13	—	2	7	9	—	9	4
Multiple Dyslalia ...	27	27	5	54	22	—	16	15	29	2	31	8
General Dyslalia ...	18	4	—	22	12	—	8	3	10	1	11	—
Language Defects	2	—	—	2	—	—	1	1	2	—	2	—
Dysphonia	—	—	—	—	—	—	—	—	—	—	—	—
Dysarthria ...	2	—	—	2	1	—	—	1	1	—	1	—
Cleft Palate ..	4	—	—	4	—	1	2	1	2	1	3	—
Hyper-rhinophonia	1	—	—	1	—	—	—	1	—	1	1	—
Lip Reading .	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	88	54	7	142	56	3	46	37	75	8	83	14

Analysis of the cases treated during the year (Grouped by age, sex and defect).

DEFECT	Total treated.	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		Severely handicapped children not at school	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering ..	35	—	-	1	1	8	1	20	1	—	—
Simple Dyslalia ...	22	—	1	5	4	7	3	1	1	—	—
Multiple Dyslalia .	54	4	3	17	11	10	3	3	2	1*	—
General Dyslalia	22	1	1	13	3	2	—	1	—	1*	—
Language Defects	2	—	—	—	—	—	—	—	1	1*	—
Dysphonia	—	—	—	—	—	—	—	—	—	—	—
Dysarthria	2	—	—	1	—	—	—	1	—	—	—
Cleft Palate ..	4	1	—	1	1	1	—	—	—	—	—
Hyper-rhinophonia	1	—	—	—	1	—	—	—	—	—	—
Lip Reading	—	—	—	—	—	—	—	—	—	—	—
TOTALS	142	6	5	41	21	28	7	26	5	3*	—

* These 3 children all attend the Council's Junior Training Centre for Severely Retarded Children.

In Dyslalia one sound is substituted for another.

In Dysarthria there is difficulty in articulation.

In Dysphonia the pitch of the voice is affected.

In Hyper-rhinophonia the speech is excessively nasal.

TUBERCULOSIS

School Children (5-15 years of age) suffering from Tuberculosis whether in Maintained or Independent Schools.

On Register as at 1st January, 1960.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	26	16	—	4	2	1	—	—	—	1	28	22
Attending special schools	2	3	—	—	1	—	—	—	—	—	3	3
Attending independent schools	—	—	—	—	—	—	1	—	—	1	1	1
TOTALS	28	19	—	4	3	1	1	—	—	2	32	26

Changes during 1960.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1960	1	2	—	—	—	—	—	—	—	—	1	2
Inward transfer	—	—	—	—	—	—	—	—	—	—	—	—
Notified children reaching school age during the year	—	2	—	—	—	—	—	—	—	—	—	2
TOTALS ..	1	4	—	—	—	—	—	—	—	—	1	4
Cases leaving school during the year	2	1	—	—	—	—	—	—	—	—	2	1
Outward transfer .	1	1	—	—	—	—	—	—	—	—	1	1
Cases removed from register	4	5	—	3	1	—	—	—	—	2	5	10
TOTALS	7	7	—	3	1	—	—	—	—	2	8	12

On Register at 31st December, 1960.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools ..	20	13	—	1	2	1	—	—	—	—	22	15
Attending special schools	2	2	—	—	—	—	—	—	—	—	2	2
Attending independent schools	—	1	—	—	—	—	1	—	—	—	1	1
TOTALS ..	22	16	—	1	2	1	1	—	—	—	25	18

Register

The number of school children on the tuberculosis register declined appreciably, largely as a result of removal as having recovered.

New Notifications—Respiratory

During 1960, as in 1958 and 1959, there were three new cases of tuberculosis found amongst school children.

One girl (15 year-old) had been under observation as a contact of a known case : after hospital treatment she was referred to an Industrial Rehabilitation Unit. The infecting case was not discovered.

Another girl (aged 5) also had been ill for some time before coming to live in Exeter and was notified after coming here : investigation revealed a sputum positive case in the family.

A boy (aged 15) after pneumonia and pleurisy in late 1959, developed an empyema from which tubercle baccilli were recovered ; after treatment he returned to school but later had an haemoptysis not regarded as tuberculous and had to have hospital care again.

Non-Respiratory

There were no new non-respiratory notifications amongst school children during 1960.

Deaths

There were no deaths of school children from tuberculosis during 1960.

Contact Tracing, etc.

The two girls were non-infectious and no survey was carried out at either school. The boy however was infectious and a survey (by Mass Radiography Unit) was carried out at the school but no new cases were found.

TABLE A.

SUMMARY OF SURVEY OF TUBERCULOSIS ON CHILDREN BORN BETWEEN 1.9.46. AND 31.8.47. AND EARLIER ATTENDING EXETER SCHOOLS.

Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test and P.P.D. Tuberculin.

Schools		No. of Consent Forms sent out	No. accepted ALL the tests	Referred to Chest Physician	Absent for Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test		B.C G. Vaccination		Immediate result of B.C.G. vaccination*			Ulcers	M.M.R. X-Ray Tuberculin Positive Cases Only			
							Positive	Negative	Inoc.	Absent	Satis.	Not Satis.	Absent	Over 10 mms.	Satis.	Not Satis.	Absent	Obs.
L.E.A. :	Girls	618	518 (84%)	12	9	497 (96%)	56 (11%)	441 (89%)	437	4	421	—	16	—	52	—	2	2
	Boys	629	557 (88%)	21	7	529 (95%)	52 (10%)	477 (90%)	472	5	467	1	4	1	49	—	1	2
TOTAL L.E.A. SCHOOL CHILDREN		1,247	1,075 (86%)	33	16	10,26 (95%)	108 (11%)	918 (89%)	909	9	888	1	20	1	101	—	3	4
INDEPENDENT :	Girls	238	195 (82%)	—	9	186 (95%)	23 (12%)	163 (88%)	162	1	160	—	2	—	22	—	—	1
	Boys	184	158 (86%)	1	11	146 (92%)	18 (12%)	128 (88%)	128	—	128	—	—	2	17	—	—	1
TOTAL INDEPENDENT SCHOOL CHILDREN		422	353 (84%)	1	20	332 (95%)	41 (12%)	291 (88%)	290	1	288	—	2	2	39	—	—	2
GRAND TOTAL, 1960		1,669	1,428 (85.5%)	34	36	1,358 (95%)	149 (11%)	1,209 (89%)	1,199	10	1,176	1	22	3	140	—	3	6
GRAND TOTAL, 1959		1,092	875 (80%)	26	26	823 (94%)	64 (7.8%)	759 (92.2%)	751	8	734	—	17	10	57	—	7	—
GRAND TOTAL, 1958		1,223	976 (80%)	29	15	932 (95%)	79 (8.6%)	853 (91.5%)	848	5	823	1	24	—	873	—	65	2
											Post Vaccination Tuberculin Test							
											Positive	Negative	Absent					
GRAND TOTAL, 1957		1,371	1,101 (80%)	16	56	1,029 (93%)	133 (13%)	896 (87%)	891	5	861	1	29	—	860	—	231	3
GRAND TOTAL, 1956		1,167	912 (78%)	33	28	851 (93%)	158 (19%)	693 (81%)	684	9	664	1	19	1 (0.1%)	842	2	18	—
GRAND TOTAL, 1955		1,091	866 (79%)	23	25	818 (94%)	94 (11%)	724 (89%)	722	2	697	—	25	3 (0.4%)	801	1	41	—
GRAND TOTAL, 1954		1,034	917 (89%)	36	19	862 (94%)	153 (18%)	709 (82%)	701	8	682	1	18	2 (0.3%)	844	6	15	—

*Since 1958 immediate post vaccinal tuberculin testing has not been carried out: normal ulceration and scarring being regarded as evidence of a satisfactory result which is then recorded.

31 boys and 24 girls were referred to the Chest Clinic in December as having strongly positive reactions (15 mms. or above reaction Mantoux or 3/4 Heaf) during the annual survey of the 13 year-olds re B.C.G. vaccination. One of the boys, due to leave school at the end of 1960, was found to be a "suspect" case and is being investigated further.

1960 B.C.G. VACCINATION—
MINISTRY OF HEALTH CIRCULAR 7/59

These vaccinations were carried out during the Autumn term, and 1,358 children (85% of the eligible) were tuberculin tested including 66 aged 14 years and over. Of these, 1,358 children 149 (11%) were tuberculin positive (8 of whom were children over 14); this is a higher percentage than in the previous two years. We offered x-ray examination by large film to the 149 tuberculin positive children and 140—(66 boys, 74 girls) were x-rayed. No cases of tuberculosis were found; there were no complications to the vaccinations.

830 (12%) of the 6,673 children tuberculin tested during the past seven years, have had positive re-actions; the highest percentage was in 1956 (19%) and the lowest in 1958 (8%). The same medical staff carried out the tests for the greater part of the period using the same methods, (i.e. either Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test and P.P.D. Tuberculin). We have not used freeze-dried B.C.G. vaccine.

The post-vaccinal tuberculin test carried out one year after B.C.G. vaccination shews that over the past six years 93% of the children who were re-tested had positive re-actions—the highest percentage was in 1956 (99%) and the lowest percentage in 1960 (85%).

In 1958, we abandoned the immediate post-vaccinal tuberculin test (i.e. 7-8 weeks after B.C.G. vaccination) and instead, the vaccination appearance was "read."

The following tables sets out the detailed results of our 1960 tuberculin testing and B.C.G. programme.

TABLE B.

SUMMARY OF TUBERCULOSIS SURVEY OF THOSE CHILDREN (BORN BETWEEN 1.1.46. AND 31.8.46.) WHO WERE GIVEN B.C.G. VACCINATION IN 1959.

Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test and P.P.D. Tuberculin.

Schools		Given B.C.G. in 1959	1960 Accepted Re-Test	Absent for Test	Actually Tested	Tuberculin Test	
						Positive	Negative
L.E.A. :	Girls	221	194 (88%)	2	192	176	16
	Boys	348	321 (92%)	4	317	262	55
Total L.E.A.	....	569	515 (90%)	6	509	438	71
Independent :	Girls	119	109 (91%)	1	108	89	19
	Boys	63	53 (84%)	3	50	40	10
Total Independent	....	182	162 (89%)	4	158	129	29
GRAND TOTAL, 1960		751	677 (90%)	10	667	567 (85%)	100
GRAND TOTAL, 1959		848	775 (91%)	13	762	674 (88%)	88
GRAND TOTAL, 1958		891	791 (89%)	20	771	700 (91%)	71
GRAND TOTAL, 1957		684	610 (89%)	39	571	562 (98%)	9
GRAND TOTAL, 1956		722	648 (90%)	17	631	628 (99%)	3
GRAND TOTAL, 1955		701	594 (85%)	11	583	559 (96%)	24

POLIOMYELITIS VACCINATION

Poliomyelitis vaccination continued during 1960 but except for the babies, the overall response has now considerably diminished. This respite has, however, given us the opportunity to review and check the actual number of registration cards in our possession for this group (aged 6 months to 15 years at the time of registration) since vaccination was first offered in 1956. A large number of transfers out have been made and the records of all school children who leave to other areas are automatically transferred ; a number of record cards have been transferred in to us by other authorities. On 31st December, 1960, we held 18,825 registration cards for children aged 6 months to 15 years at the time of registration ; of these children, 15,980 had had the full course of 3 injections ; in addition, 2,062 had had 2 injections (including 1,389 children who have repeatedly failed to attend for the 3rd injection) ; 206 had had 1 injection (including 158 children who have repeatedly failed to attend for the 2nd injection) ; and there are 575 children who have had no injections at all although they had been registered.

The number of children who have failed to complete their course of injections is very disappointing, but some of them may have had their further injections elsewhere.

During 1960—1,858 children were given their third injection and 1,190 had their second injection.

I am glad to be able again to report as I did last year that there were no poliomyelitis cases notified during the year.

VACCINATION AGAINST SMALLPOX.

VACCINATION STATE AS OBSERVED DURING COMPLETE EXAMINATIONS IN 1960.

Year of Birth	*Vaccinated*	*Not Vaccinated*	*Not Known*	*Total*
1956 and under	24	24	5	53
1955	435	286	106	827
1954	49	23	20	92
1953	23	7	7	37
1952	14	4	5	23
1951	9	3	1	13
1950	8	8	1	17
1949	180	182	20	382
1948	333	225	36	594
1947	140	37	18	195
1946	114	55	15	184
1945 and earlier	572	276	81	929
GRAND TOTAL	1,901	1,130	315	3,346

57% (the same percentage as in 1959) of all school children examined by complete medical examinations during the year were found to have been vaccinated. A child is recorded as vaccinated when a satisfactory scar is observed or when the parents declare the child has been vaccinated against smallpox.

DIPHTHERIA IMMUNISATION IN SCHOOLS

During 1960, 674 children were given diphtheria immunisation ‘ booster ’ doses in school, subject to parental consent at the time.

Age Groups								
5-7 years		8-10 years		11 years and over		Total		Grand Total
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
8	12	—	4	339	311	347	327	674

INFECTIOUS DISEASES

Incidence of certain Infectious Diseases other than Tuberculosis in 1960 in children (Exeter Residents) 5-15 years of age.

(Corrected for change of diagnosis).

Disease	Boys	Girls
Scarlet Fever	36	48
Whooping Cough	18	25
Measles	329	318
Pneumonia	4	1
*Gastro-enteritis	2	4
Dysentery	58	46
Food Poisoning	1	3
Poliomyelitis (Paralytic)	—	—
(Non-Paralytic)	—	—
Meningococcal Infection	—	—
Diphtheria	—	—
Erysipelas	2	—

*Not notifiable : cases are known to the department by informal notification.

SCABIES

YEARLY INCIDENCE OF SCABIES, 1953 - 1960.

Year.	*Families.*	*Cases.*	*School Population.*
1960	1	2	11,167
1959	3	6	11,202
1958	1	2	11,084
1957	—	—	10,700
1956	1	2	10,515
1955	4	8	10,306
1954	—	—	9,986
1953	1	2	9,682

HOSPITAL REPORTS

During 1960, 497 reports were received from the local hospital consultants, (391 from the Royal Devon & Exeter Hospital, 75 from the Princess Elizabeth Orthopaedic Hospital and 31 from the City Hospital) about children referred to them through the school medical officers or direct by the child's own doctor. This information is much appreciated.

DEATHS

I am sorry to have to report that 5 Exeter children (all boys) aged 5-15 years died in 1960 ; a rate of 0.4 per thousand ; the rate in the country as a whole was 0.37 per thousand in this group (1959).

The causes of death were :—

Accidental (2)—drowned—boy aged 7 years—road accident—boy aged 10 years.

Pneumonia (1)—boy aged 7 years.

Leukaemia (1)—boy aged 13 years.

Suicide (1)—boy aged 14 years.

Another school child, a girl aged 15, died from a motor accident.

SCHOOL MEALS AND MILK REPORT, 1960

I am indebted to the Director of Education and the School Meals Organiser for this information :—

During the year there has been an increase in the number of children taking meals, but the number of children taking milk has decreased. The statistical return required by the Ministry of Education, shown below, indicates the number of children taking milk and meals on selected dates during the last 3 years.

	Milk		Meals		
Date	Number of Children taking Milk	Percentage	Number of children taking Paid Meals	Number of children taking Free Meals	Percentage
29.9.60	9,160	87.64	3,564	441	38.36
11.10.59	9,553	91.89	3,212	436	35.09
2.10.58	9,311	89.66	2,912	382	31.72

During the major holidays, meals were provided for necessitous children at three centres—Bradley Rowe Schools, Montgomery School and Whipton Infants' School. Owing to redecoration at Bradley Rowe Kitchen during the Summer Vacation, the Ladysmith Kitchen and School Dining Rooms were used instead, resulting in a very poor attendance as shown below.

Holiday	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	572	229	40.03
Summer	561	130	23.17
Christmas	571	187	32.75

The charge for meals has remained at 1/- for the last three years. Part payment meals (6d.) and free meals were granted according to the parental income. Approximately 100 children per day were served with part payment meals and approximately 550 children per day with free meals.

Self-contained canteens operated at 10 schools :—

1. Chestnut Avenue Nursery School.
2. Bradley Rowe J.B., J.G. & I. Schools.
3. Whipton Infants' & Whipton Barton J.M. Schools.
4. Summerway J.M. School.
5. Countess Weir J.M. & I. Schools.
6. Stoke Hill J.M. & I. Schools.
7. The Priory Girls' S.M. School.
8. The Vincent Thompson Boys' S.M. School.
9. Bishop Blackall School.
10. Hele's School.

All other schools were served by Montgomery Area Kitchen or Ladysmith Area Kitchen. In addition, meals were supplied to the Technical College and to the Local Health Authority's Day Nursery and Junior Training Centre.

In the preparation of the meals, the aim has been to give attractive, well-balanced menus with as much variety as possible and a nutritive value of 1/3rd of a child's daily requirements.

Sample Menus

Bacon Olives, Sprouts, Boiled Potatoes. Apricot Sponge Pudding, Custard.

Smothered Liver, Peas, Mashed Potatoes. Iced Flapjack, Custard.

Stewed Steak, Savoy Cabbage, Boiled Potatoes.
Hungarian Apple Pudding, Lemon Sauce.

Cheese Flan, Salad, Mashed Potatoes. Rice Pudding, Stewed Fruit.

Roast Beef, Yorkshire Pudding, Cabbage, Baked Potatoes. Rhubarb Crumble, Custard.

Goulash, Mixed Root Vegetables.

Whipped Custard Tart.

ACCIDENTS TO CHILDREN IN SCHOOL

(Report by Dr. G. P. McLauchlan)

104 children (51 boys, 53 girls) were reported as having suffered accidents in school or during school activities. Thus 9 per 1,000 children attending city schools were involved in a school accident during the year.

In the previous year, 125 accident cases were reported, 66 being boys and 59 girls.

Last year's figures are shown in brackets.

Senior Schools

66 of the accidents occurred in senior schools—i.e. 12 per 1,000 children. In 2 schools, no accidents were reported and in 2 only one accident. The highest number reported in any senior school was 17 in a girls' school with 484 pupils. In 27 of the accidents a boy was involved and in 39, a girl.

Place of Accident

School playground (except during organised games or P.E.)	19	(26)
School playing fields (including all organised games)	15	(18)
School Premises (except during P.E.)	18	(22)
During P.E.	14	(7)
Swimming Baths	—	(1)

On the playing fields the games involved were :

Netball	6	(4)
Rugby	3	(1)
Athletics	2	(7)
Football and cricket	1 each	(2 each)
Tennis	1	(—)
During P.E. when using apparatus	6	(5)
Unorganised play	1	(—)

In the school premises the accidents were :

During school lessons	6	(7)
In changing rooms	—	(6)
Playing indoors	9	(6)
Fall on stairs	3	(3)

Nature of accident

Falls from height	18	(10)
Falls on level	25	(24)
Collision (with object or another child)	17	(17)
Hit by flying object	—	(6)
Cut with sharp instrument	3	(7)
Wrist injury	—	(3)
Others	3	(6)

Injury Sustained

Fractures	24	(10)
Sprains	16	(16)
Bruises	7	(8)
Wounds	14	(34)
Burns and Scalds	1	(2)
Eye Injuries	—	(1)
Others	4	(3)

Junior Schools

29 accidents were reported by junior schools (17 boys and 12 girls) i.e. 7 per 1,000 children.

Place of Accident

School playground (except during organised games and P.E.)	16	(22)
Playing fields	2	(3)
During P.E.	5	(4)
School Premises	6†	(5)

Nature of Accident

Falls from height	2	(6)
Falls on level	14	(16)
Collision (with object or another child).	8	(8)
Cut by flying object	—	(3)
Cut with sharp instrument	2	(—)
Others	3	(1)

†5 of these were during school lessons.

Injury Sustained

Fractures	7	(13)
Sprains	2	(2)
Bruises	2	(2)
Wounds	14	(16)
Head Injuries	2	(2)
Others	2	(1)

Infant Schools

9 accidents were reported by infant schools (7 boys and 2 girls) i.e. 4 per 1,000 children.

Place of Accident

School playground	6	(7)
School premises	3	(6)
During P.E.	—	(4)

Nature of Accident

Fall from height	1	(7)
Fall on Level	3	(6)
Collision (with object or another child)	4	(2)
Crashing	1	(2)

Injury Sustained

Fractures	3	(8)
Bruises	1	(2)
Wounds	5	(6)
Head injury	—	(1)

Prevention

The accidents were classified as to whether they could be considered to have been readily prevented or not with an intermediate group which might under ideal conditions have been preventable.

	Not Preventable		*Preventable*		*Possibly Preventable*	
Senior	41	(55)	14	(11)	11	(8)
Junior	19	(27)	5	(5)	5	(5)
Infants	8	(9)	1	(2)	—	(6)

Causes of the Accidents

More than half of the accidents (57) took place during normal play in the playground or indoors or during " orderly " passage within the school (often the result of the child not looking where he was going).

Physical education accounted for 19 of the accidents, the next largest group. In 8, apparatus was being used; in all but one case, the accident was due to lack of skill and the other to the child disobeying an order of the P.E. master. 10 of the other accidents were the result of falls or collisions during normal P.E. The remaining one was caused by a child doing P.E. in stocking feet which is a dangerous practice.

17 accidents occurred during organised games. Netball seemed to be the most dangerous game—accounting for 7 accidents.

This is probably due to the fact that netball is normally played on a hard surface where falls are more likely to lead to injury. Rugby produced 3 accidents—all fractures and all resulting from normal tackling. Other sports accounted for very few accidents and only one requires comment. In this one, a child was playing football with glasses on. They were broken in a collision but fortunately he sustained only a cut above the eye—the eye itself was not injured.

11 accidents occurred while the children were in class. 3 of them were due to a knife slipping while the child was doing craft work, one resulted from the boy coming in contact with hot metal in metalwork class and another was a case of mild chlorine poisoning occurring while washing out a flask used in making chlorine. The remaining 6 accidents in this group were not directly related to school work but were the result of children falling off their seats, knocking over seats and one rather silly one, though easily understood, in which a child leaned over his desk to pick up a notebook he had dropped forgetting that he had a pen in his mouth.

Injuries Sustained

It is likely that accidents in which the injury to the child is trivial do not come to the notice of any teacher and so are not reported. The 104 accidents reported must therefore be considered to be a selected group.

While many of the injuries were of a comparatively minor nature, 34 (33%) were fractures, 18 (17%) were sprains and 15 (14.5%) were wounds sufficiently severe to require stitching.

Discussion

The number of accidents reported is remarkably small representing an accident rate of 9 per 1,000. The highest rate was in senior schools with 12 per 1,000 and the lowest in infant schools with 4 per 1,000.

Study of the causes of the accidents during the last two years do not reveal any simple formula for their prevention. 35 of the accidents in the two years were regarded as "preventable" and another 35 as "possibly preventable" but even in these, the causes were so varied that no very definite advice for prevention can be formulated. Certain things, though, are worthy of mention :

(a) defects in the premises ;
(b) careless or faulty handling of tools or pieces of apparatus in class ;
(c) lack of skill at games or at P.E.

JUVENILE COURT

During 1960, 148 children (127 boys and 21 girls) attending schools maintained by the Exeter Education Committee appeared before the Juvenile Court. Of these, 8 children (7 boys and 1 girl) were sent to Approved Schools. The table below sets out the sex, age group and offences committed.

Juvenile Court Cases

Offence Committed	Boys					Girls				
	Age Group				Total	Age Group				Total
	5-7	8-10	11-14	Over 14		5-7	8-10	11-14	Over 14	
Larceny	—	14	37	—	51	—	4	6	2	12
Wilful or Malicious Damage	—	5	26	2	33	—	1	2	—	3
Cycle	—	—	10	—	10	—	—	—	1	1
Receiving	—	3	8	—	11	—	—	—	—	—
Larceny and Breaking in	—	3	—	—	3	—	—	—	—	—
Beyond Control ...	—	—	2	—	2	—	—	—	—	—
Being in need of care and protection	—	—	—	—	—	—	—	1	1	2
Indecent Assault	—	—	2	—	2	—	—	—	—	—
Miscellaneous	—	—	15	—	15	—	—	3	—	3
Total	—	25	100	2	127	—	5	12	4	21

During 1960, 3 boys appeared more than once before the Juvenile Court for the same offence ; 13 boys appeared more than once but for different offences. There were apparently more cases of larceny and of malicious damage than in 1959.

Approved School Admissions

During 1960, 8 children—including 2 brothers (7 boys and 1 girl) were sent by the Court to approved schools ; they were all aged between 10 and 15 years. In 1959, 7 children (4 boys and 3 girls) were sent to approved schools.

The classified offences were :—

Larceny	6
Beyond Control	1
Breach of Probation Order	1

As in previous years, social problems were manifest in most cases.

(a) 2 (boys) : were known to be maladjusted (1 was also an epileptic).

(b) 3 (boys— including 2 brothers) had lost their father by death—in one instance the widow re-married and has since been divorced.

(c) 1 (girl) : parents divorced—child lives with a foster-mother.

(d) 1 (boy) : mother suffered from severe neurosis.

Size of Family :—

1 (boy) : an only child ; 1 (boy) one of 3 children ; 1 (boy) one of 4 children ; 2 (boys) one of 6 children ; 1 (girl) one of 7 children ; 2 (boys)—brothers— one of 13 children.

SCHOOL LEAVING REPORTS

During 1960, 25 reports were sent to family doctors on children leaving school who were handicapped or had defects of any important medical history.

26 children were reported to the Youth Employment Officer regarding suitable employment for the handicapped child during the year.

EMPLOYMENT OF SCHOOL LEAVERS WITH HANDICAP

(Report by Dr. C. H. J. Baker)

PART I (1960)

I wish to thank Mr. J. V. F. Smyth (Youth Employment Officer) for his help with this report.

These school leavers are almost all from secondary modern schools, though they do include a small number from special schools.

Reported on Form Y.9 :

Form Y.9 is a medical report sent to the Youth Employment Officer indicating the employment(s) considered unsuited to the individual leaver having regard to his handicap as stated and when the handicap is such that registration under the Disabled Persons (Employment) Act, 1944 is not considered necessary ; 1 girl (with defective hearing) so reported, was in fact registered under the Act.

MAIN DEFECT	*Boys*	*Girls*	*Total*
(a) Educationally Subnormal	2	6	8
(b) Defective Vision	1	—	1
(c) Defective Hearing	—	1	1
(d) Orthopaedic	2	1	3
(e) Asthma	1	—	1
(f) Psoriasis	—	1	1
TOTAL	6	9	15

Reported on Form Y.10 :

(Form Y.10 is a medical report indicating severe handicaps where registration under the Disabled Persons (Employment) Act, 1944 should be considered.)

MAIN DEFECT	*Boys*	*Girls*	*Total*
(a) Educationally Subnormal	2	3	5
(b) Multiple Defects	1	—	1
(c) Spastic/A.P.M.	1	2	3
(d) T.B. Joint	—	1	1
TOTAL	4	6	10

Of these, only 3 (all boys) were subsequently registered as disabled persons.

Placement by the Youth Employment Bureau

As before, special attention was paid during the year to the placing of both these categories of school leavers. In considering registration under the 1944 Disabled Persons Act, personality, character, the wishes of parents, school reports, all have to be taken into account, as well, of course, as the physical and mental state of the individual. In the case of " Y.10 " children, the more severe medical condition is the predominating factor in deciding about registration, whereas the non-medical conditions predominate in the registration of " Y.9 " cases.

In the absence of any associated handicap, such as maladjustment, no Y.9s. were completed for the borderline E.S.N. children (e.g. I.Q. over 75 without abnormal behaviour or emotional problems). Fewer E.S.Ns. were in fact so referred to the Youth Employment Service than in previous years.

Within the limitations of the small numbers for review this year, the employment experiences as judged from :—

(a) The number of submissions before employment.
(b) The number of jobs held since leaving school.
(c) The number in training.
(d) The number totally unemployed.

were as favourable for the " Y.10 " as for the " Y.9 " children.

The following submissions to employers were made by the Youth Employment Officer before satisfactory placings were obtained.

(a) 15 children (reported on form Y.9).

	Boys	*Girls*	*Total*
Placed after 1st submission.	1	3	4
,, ,, 2nd ,,	—	1	1
,, ,, 4th ,,	—	1	1
,, ,, 5th ,,	1	—	1
,, ,, 6th ,,	—	1	1
Undergoing training at St. Loyes College	2	—	2
,, ,, ,, Letchworth Training College	1	—	1
Remaining at school an extra year.	—	1	1
Unemployed.	—	2	2
Parents refused interviews.	1	—	1
TOTAL	6	9	15

(b) 10 children (reported on form Y.10).

	Boys	*Girls*	*Total*
Placed after 1st submission	—	3	3
,, ,, 2nd ,,	—	2	2
,, ,, 3rd ,,	—	1	1
Undergoing training at St. Loyes College	2	—	2
Unemployable (attending Health Committee's Training Centre)	2	—	2
TOTAL	4	6	10

Turn-Over in Employment

Of the 25 school leavers (9 boys and 16 girls) discussed :—

The total number not now in employment (April, 1961) including those in training is 11 (8 boys and 3 girls).

Those not in employment include :—

1 boy, Y.10 (E.S.N., Deafness, Speech Defect and Mild general palsy) has been tried at several occupations and is now training as a gardener at St. Loyes.

1 Girl, Y.9 (E.S.N. and hip deformity) is staying on an extra year at school.

1 Girl, Y.9 (E.S.N.) is unemployed after proving unsuitable as a trainee machinist.

2 Boys, Y.10 (E.S.N.) attending Bull Meadow Training Centre for simple routine work.

1 Boy, Y.10 (Spastic) is in training at St. Loyes as a machinist.

1 Boy, Y.9 (mild spastic) is in training at St. Loyes as a machinist.

1 Boy, Y.9 (hip disease) is in training at St. Loyes as a machinist.

1 Girl, Y.9 (central nervous system disease) is not yet employed.

1 Boy, Y.9 (asthma) is not yet employed.

1 Boy, Y.9 (severe visual defect) is in training at Letchworth Government Training Centre for electrical engineering.

In effect, there are 3 children only (1 boy and 2 girls) who are totally unemployed, the remaining 7 (all boys) being in training with 1 girl still at school.

All these unemployed children are Y.9 cases with none among the Y.10 cases.

PART II

Review of Handicapped School Leavers

A review in April, 1961, of the number of jobs held by school leavers suffering from certain handicaps aged between 15 and 18 years, then on the Youth Employment Officer's register, (the age range applying to the Youth Employment Bureau for employment, shows that :—

Educationally Subnormal Children (14 boys, 18 girls)

Boys			Girls	
Age	*No. of Boys*	*Average No. of jobs per boy*	*No. of Girls*	*Average No. of jobs per Girl*
15 years	3	2.0	8	1.1
16 years	7	1.7	5	2.8
17 years	4	3.0	5	4.8
TOTAL	14	2.1	18	2.6

(One girl aged 17 years had had 8 different kinds of employment.)

These numbers are very small, but so far as they go, it would appear that among educationally subnormal children of this age range in Exeter, there was more stability of employment in the boys than the girls, though the opposite applies in the case of ordinary school leavers.

It would also appear, at least as far as the girls are concerned, that employment became more erratic as they became older, which is contrary to the overall picture for this group in the community throughout the country which shows employment experience close to that in the normal adolescent population.

A slight recession in the clothing trade occurred in Exeter during the year, and this accounted to some extent for the greater shift in employment among the older educationally subnormal girls in the 15 - 18 age range. Over half of these girls had been employed as shop assistants, and it is noticeable that none of the 15 year olds in the group had taken jobs in this trade with resulting steadier employment as mentioned above.

Vision Defects:—(10 boys, 2 girls) these include myopics of high degree.

10 boys averaged 1.7 jobs, and with the exception of one boy of 15 years, who is undergoing vocational training, all were in the 16/18 age range.

There were only 2 girls with vision defects, both of whom were in the 16/18 age range and they had had two jobs and one job respectively.

The job experience of these children was similar to that of normal leavers.

Asthma (4 boys)

These 4 boys were all in the 16/18 age range ; three of them had had one job only and one 2 jobs. Two were employed as shop assistants, one as a trainee operator and one with the British Railways, thus showing a satisfactory and stable job experience.

Cardiac (1 boy)

There was only one cardiac case in the 16 - 18 age range and he had had the one job only as an apprentice bricklayer since leaving school. These cases tend to show an unreliable employment experience, mainly because they take jobs which they are physically incapable of following. Our one case appears to have had some success nonetheless in what might be assumed to be inappropriate employment.

Adjustment to Employment

At the present time there are 53 boys and 40 girls between 15 and 18 years of age, who on leaving school were reported to the Youth Employment Service as being handicapped. A survey was carried out by writing to these young people and inviting them to call at the Bureau or to reply by completing an enclosed form.

The last known employer was also approached and asked for a report. By using these methods, it was possible to get up-to-date information on 86% of the boys and 90% of the girls.

44% of the boys replied either in person or in writing and all were settled in employment and not finding any difficulties. The employers replies bore this out, but also revealed that about a fifth of all the boys had changed their employment at least once during the past year.

50% of the girls replied either in writing or in person and with two exceptions all were in employment and happy. This was also borne out by the employers ; employment among girls generally appeared to be more stable in spite of the opposite tendency among those in the educationally subnormal group.

Incidence of Crime

Among the children in the 15 - 18 years age range here discussed, 6 boys have been convicted on one or more occasions since leaving school ; 2 of them were educationally subnormal.

7 girls have been convicted on one or more occasions since leaving school ; as many as 6 of whom were educationally subnormal.

Educational subnormality poses a social problem and it is suggested there is a need for a pre-employment scheme of training for a period such as a year after leaving school. This need probably applies more particularly to the educationally subnormal child for whom special schooling has not for various reasons been practicable ; an increase in the problem is to be anticipated when the children in the "bulge" years leave school.

Financial Year ended 31st March, 1960

(The City Treasurer has kindly supplied me with the following information)

(a)	Total cost of School Health (including Dental) Service	£28,672
(b)	Amount of Government Grant	—
(c)	Actual cost to the rates	£28,672
(d)	Cost in terms of penny rate	4.28d.
(e)	Cost per child to the Exeter Education Committee (based on a school population of 11,202)	£2.11.2d.

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

During the year 298 school children (207 boys and 91 girls) including 11 from independent schools were granted licences for part-time employment after being medically examined in accordance with the Authority's Bye-Laws. None was refused. 169 children (141 boys and 28 girls) were also re-examined after working between 3 and 6 months. No evidence of any ill effect was observed.

The relevant Bye-Laws remained unchanged and were detailed in my 1954 report. The Director of Education's department is responsible for ensuring that no children are employed without licences and that the terms of the licences are observed.

Type of Employment (New Cases)	*Boys*	*Girls*
Delivery of newspapers	154	54
Delivery of groceries	13	—
Delivery of meat	19	—
Delivery of milk	6	—
Hairdressing	—	5
Shop assistants	2	12
Office work	—	2
Fruit picking	—	9
Waitress	—	5
Miscellaneous	13	4
Total	207	91

RETURNS TO MINISTRY OF EDUCATION

PART I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1956 and later	53	53	100	—	—
1955	827	826	99.9	1	0.1
1954	92	92	100	—	—
1953	37	37	100	—	—
1952	23	23	100	—	—
1951	13	13	100	—	—
1950	17	17	100	—	—
1949	382	382	100	—	—
1948	594	594	100	—	—
1947	195	195	100	—	—
1946	184	184	100	—	—
1945 and earlier	929	928	99.9	1	0.1
TOTAL	3,346	3,344	99.9	2	0.1

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual pupils (4)
1956 and later	2	15	14
1955	39	115	122
1954	3	12	14
1953	5	5	8
1952	3	2	5
1951	—	2	2
1950	1	—	1
1949	45	32	68
1948	83	85	153
1947	39	45	63
1946	33	34	59
1915 and earlier	200	211	374
TOTAL	453	558	883

TABLE C—OTHER INSPECTIONS

Number of special inspections	1,278
Number of re-inspections	2,212
TOTAL	3,490

Table D—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	15,891
(b)	Total number of individual pupils found to be infested	117
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil.
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil.

PART II.

Return of Defects found by Medical Inspection during the Year Ended 31st December, 1960

Table A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		T.	O.	T.	O.	T.	O.	T.	O.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	29	11	109	30	66	28	204	69
5	Eyes : *a.* Vision	41	77	200	13	212	113	453	233
	b. Squint	24	3	3	5	7	4	34	12
	c. Other	1	1	4	2	8	6	16	9
6	Ears : *a.* Hearing	6	13	2	5	5	19	13	37
	b. Otitis Media	2	13	7	1	6	13	15	27
	c. Other	9	9	31	5	39	17	79	31
7	Nose and Throat	9	79	—	26	16	82	25	187
8	Speech	8	29	2	3	4	8	14	40
9	Lymphatic Glands	1	17	—	4	1	20	2	41
10	Heart	—	5	1	8	—	14	1	27
11	Lungs	7	13	5	17	5	21	17	54
12	Developmental : *a.* Hernia ...	2	—	—	—	—	2	2	2
	b. Other	—	8	1	6	9	19	10	33
13	Orthopaedic : *a.* Posture	1	6	12	13	8	26	21	45
	b. Feet	6	15	13	22	18	21	37	61
	c. Other	6	56	15	41	14	49	35	149
14	Nervous System : *a.* Epilepsy	2	1	1	—	3	2	6	3
	b. Other	—	3	—	1	1	6	1	10
15	Psychological : *a.* Development	—	7	—	5	1	19	1	31
	b. Stability ...	3	10	1	2	2	17	6	29
16	Abdomen	—	1	1	1	—	1	1	3
17	Other	11	34	3	—	4	11	18	45

T means requiring Treatment. O means requiring Observation.

TABLE B—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections Pupils requiring Treatment	Special Inspections Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	3	2
5	Eyes : a. Vision	28	10
	b. Squint	—	—
	c. Other	3	1
6	Ears : a. Hearing ...	20	11
	b. Otitis Media	2	—
	c. Other	2	4
7	Nose and Throat	13	27
8	Speech	9	3
9	Lymphatic Glands	—	4
10	Heart	1	2
11	Lungs	3	6
12	Developmental :		
	a. Hernia	—	—
	b. Other	1	1
13	Orthopaedic :		
	a. Posture	1	1
	b. Feet	5	3
	c. Other	—	5
14	Nervous System		
	a. Epilepsy ...	5	—
	b. Other	3	8
15	Psychological :		
	a. Development ...	1	—
	b. Stability	6	3
16	Abdomen	1	2
17	Other	15	21

PART III.

Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	128
Errors of refraction (including squint)	830
TOTAL	958
Number of pupils for whom spectacles were prescribed ...	572

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis	120
(c) for other nose and throat conditions	11
Received other forms of treatment	321
TOTAL	459
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1960	2
(b) in previous years	9

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	38
b) Pupils treated at school for postural defects	14
TOTAL	52

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part I)

		Number of cases known to have been treated
Ringworm :	(i) Scalp	—
	(ii) Body	4
Scabies	....	2
Impetigo	....	43
Other skin diseases	....	351
	TOTAL	400

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	169

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	142

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	1,269
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,199
(d) Other than (a), (b) and (c) above. Please specify :	
Heart conditions (incl. Rheumatism and Chorea)	15
Lungs (incl. Tuberculosis and Non-Tuberculosis conditions, Bronchitis, etc.)	149
Epilepsy and other nervous conditions	11
Miscellaneous — Glands, Abdomen, Appendicitis, Influenza, Fractures, Urinary conditions, etc.	483
TOTAL	3,126

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :—		
	(a) At Periodic Inspections		10,312
	(b) As Specials		645
		TOTAL (1)	10,957
(2)	Number found to require treatment		6,383
(3)	Number offered treatment		6,077
(4)	Number actually treated		3,284
(5)	Number of attendances made by pupils for treatment including those recorded at heading 11 (h)		8,366
(6)	Half days devoted to :	Periodic (School) Inspection	87
		Treatment	1,486
		TOTAL (6)	1,573
(7)	Fillings :	Permanent Teeth	6,094
		Temporary Teeth	688
		TOTAL (7)	6,782
(8)	Number of teeth filled :	Permanent Teeth	5,335
		Temporary Teeth	631
		TOTAL (8)	5,966
(9)	Extractions :	Permanent Teeth	1,234
		Temporary Teeth	2,698
		TOTAL (9)	3,932
(10)	Administration of general anaesthetics for extraction		1,360
(11)	Orthodontics :		
	(a) Cases commenced during the year		66
	(b) Cases carried forward from previous year		214
	(c) Cases completed during the year		35
	(d) Cases discontinued during the year		8
	(e) Pupils treated with appliances		61
	(f) Removable appliances fitted		83
	(g) Fixed appliances fitted		—
	(h) Total attendances		1,047
(12)	Number of pupils supplied with artificial dentures		26
(13)	Other operations :	Permanent Teeth	1,683
		Temporary Teeth	39
		TOTAL (13)	1,722